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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

MEDICAL MISSIONS IN HEATHEN LANDS.

BY M. P. BARKER, M. D.,

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CHINA,

Compact, unique, isolated for thousands of years her territory embracing an area of more than a million square miles and holding a population according to a recent Imperial census of more than three hundred and sixty million, has been considered for centuries a field of vast interest to philanthropists.

The population is so dense, that in order to obtain subsistence it is necessary to cultivate every available inch of soil. Even the hills and mountain-sides are cultivated, where it is so steep that one would suppose that the seed could not be scattered excepting by birds.

Such economy is practiced in land-saving for agricultural purposes, that large numbers live in boats on the rivers. A recent writer said with reference to this density of population, that "in its expedients for squeezing existence into the smallest possible compass, the Chinese continent resembled the cabin of a ship."

In consequence of this density of population and the utter ignorance of sanitary laws, combined with their filthy habits, is it any wonder that pestilence so often devastates the land? To the average citizen of civilized lands, whose motto is *progress*, the loyal adherence of these "machine men" to ancestral customs and ancestral rites is marvellous. "No progress" has been their motto—the result of the demoralizing influence of idolatry, which has hung like a pall over their minds for centuries, reducing them to the most abject slavery. Bound with the fetters of ignorance, they have not until recently shown even a desire for improvement. Images abound everywhere. "Their temples, houses, streets, roads, hills, rivers, carriages, and ships, are full of idols. Every room, niche, corner, door, and window, is plastered with charms, amulets, and emblems of idolatry."

For centuries persevering efforts have been made by philanthropists to obtain a foothold, to arouse them from their sluggish, indolent, contented condition, and to awaken in their minds the spirit of inquiry and of progress, and to induce them to shake off the fetters which bound them and accept a higher type of civilization. But these efforts were generally unsuccessful. Their gates were closed against foreigners and foreign intercourse—their chief desire being to be let alone.

The medical profession, however, succeeded in gaining a foothold, prior to any treaty of commerce, or to any imperial edict permitting residence to foreigners in the empire.

Early in the nineteenth century a new era in the theory and practice of medicine dawned upon this benighted land.

The aim of those who inaugurated this new departure was to supplant their false beliefs and practices with a system of medical knowledge based upon scientific truth. The result of these efforts I will now attempt briefly to relate.

Dr. Pearson, who was in the service of the East India Company, in Canton, in 1805, introduced

VACCINATION,

and watched its progress in native hands until he felt that its success was assured.

A recent writer in referring to the results of Dr. Pearson's effort, stated that the people were about as well protected as in any country where vaccination was not compulsory. This was a grand victory—the first step in the line of progress.

The fact that those who were vaccinated received immunity from this loathsome, virulent disease by so simple a remedy, was an object lesson of immense value. It would teach them that Western medical knowledge was immensely superior to their own superstitions, beliefs and practices, and also to the boasted power of their gods. It would also teach them that being in error in one thing, they might be also in many others, and thus be the means of opening the way for receiving treatment for other affections.

In 1827, Dr. T. R. Colledge, who was also in the employ of the East India Company, established a

DISPENSARY

in Macao, ninety miles south of Canton. During a residence of four years, he treated six thousand cases. His success, both as physician and surgeon, especially in the treatment of diseases of the eye, produced "a great sensation, and prepared the way for medical missionaries from England and America."

In 1834 Rev. Peter Parker, M. D., reached China and settled in Canton. He was the

PIONEER MEDICAL MISSIONARY,

from America to China. When he arrived at his destination, the gates were not yet open to foreign intercourse and commerce, and missionary work was still under the ban of the government.

Nevertheless he succeeded in gaining permission to open a hospital in Canton. It had not been open long until patients flocked to it by hundreds "and the street, was filled with waiting crowds, and some of whom even passed the night there, to be ready to enter the next morning."

The second medical missionary was Dr. William Lockhart, who went in 1838, and was followed the next year by Dr. Benjamin Dobson. Both of them were from England, Dr. Lockhart being the pioneer from that country.

The labors of these medical pioneers were not limited merely to the practice of their profession, or to the establishing of hospitals, though they were by no means neglected. Taking a comprehensive view of this vast field, "already white to the harvest," they set about, at once, to inaugurate measures to uproot their superstitious theories and practices, and prepare the way, for the introduction of a knowledge of Western medicine and surgery.

In conjunction with Robert Jardine, M. D., of the firm of "Jardine, Matheson & Co.," they formed a

MEDICAL MISSIONARY SOCIETY IN CHINA,

the object of which was, not only to support the hospital, but to induce physicians to come to China and join them in their philanthropic enterprise. Dr. Colledge was the first president of this society, a position which he still held in 1876. This society was organized in 1838, and is said to be still in existence.

They issued a circular, setting forth the needs of this vast multitude of human beings, and appealed with tender pathos to their medical brothers in enlightened lands, for aid in this gigantic enterprise, so that they might be enabled to transmit to unborn millions, blessings the value of which,

GOD'S ARITHMETIC ALONE COULD COMPUTE.

A few extracts from this circular cannot be otherwise than interesting to physicians. I will therefore give a few quotations. It says, "It is affecting to contemplate this Empire, embracing three hundred and sixty millions of souls, where all the light of true science is unknown, where Christianity has scarcely shed a genial ray, and where the theories of matter and mind, creation and providence, are wholly destitute of truth. It is deeply affecting to see the multitudes who are suffering under maladies from which the hand of charity is able to relieve them. * * * * In the vast conflict which is to revolutionize the intellectual and moral world, we may not underrate the value of any weapon.

"As a means, then, to awaken the dormant mind of China, may we not place a high value on medical truth, and seek its introduction with a good hope of its becoming the handmaid of religious truth? If an inquiry after truth on any subject is elicited, is there not a great point gained? And that inquiry after medical truth may be provoked, there is good reason to expect; for as exclusive as China is, in all her systems, she cannot exclude disease, nor shut up her people from a desire for relief."

In another address we find the following: "To restore health, to ease pain, or in any way to diminish the sum of human misery, forms an object worthy of the philanthropist. But in the prosecution of our views, we look forward to far

higher results than the mere relief of human suffering. We hope our endeavors will tend to break down the walls of prejudice and of long cherished nationality of feeling, and to teach the Chinese that those whom they affect to despise, are both able and willing to become their benefactors. * * * * In the way of doing them good our opportunities are few, but among them that of practicing medicine and surgery stands pre-eminent. * * * In the department of benevolence to which our attention is now turned, purity and disinterestedness of motive are more clearly evinced than in any other; they appear unmasked, they attract the gaze and excite the admiration of thousands."

The influence of these men was not limited to the cities, nor to the provinces in which they labored, nor even to China, but it extended also to other heathen lands.

In 1840, war having broken out between England and China, Dr. Parker returned to the United States, where he spent the greater part of his time in lecturing on this interesting and important topic. He also visited England and Scotland, where his lectures excited much interest.

I shall here leave Dr. Parker for the present, and call attention to another

NEW ERA JUST DAWNING

upon China, which was destined to accomplish more in the line of progress and for the destruction of her effete systems of religion, moral science, and medical knowledge, than had ever before been accomplished in her history. About two centuries prior to this, the Italian Jesuit Valignano, when on his way to Japan, halted at Macao. Casting a wistful look across to the rock-bound coast of China, he exclaimed:

"O, ROCK, ROCK, WHEN WILT THOU OPEN."

But the "rock" has opened. The gates of China stand ajar, and citizens of other nations can now enter.

By the treaty of 1842, five ports were opened to foreign residents and foreign commerce. These ports were Canton, Amoy, Foo-Chow, Ning-po, and Shanghai. Hong Kong was ceded to Great Britain.

Immediately after the opening of these ports there was a rapid influx of philanthropic toilers. The auspicious time—the time long and anxiously looked for—had come at last; and many buckled on their armor, determined to redeem China from her thraldom. Among the medical men were two Americans, viz.: Dr. D. J. McGowan and Dr. D. B. McCartee. Both of them located in Ning-po and conducted hospitals.

In 1843, Dr. Parker returned to Canton, reopened the hospital, and conducted it until 1855, when he returned to the United States.

From the time of his return until his final departure, over 53,000 patients were treated; besides a large number of surgical operations were performed, such as lithotomy, the removal of tumors, amputations, etc., "which excited the wonder and admiration of the people at the daring and skill of the foreign surgeons; and they now learned that those whom they despised as outside barbarians had means of removing dreadful deformities and of curing most painful diseases."

Upon the resignation of Dr. Parker, the superintendency of the hospital was transfered to Dr. J. G. Kerr, who was the historian of a large portion of the facts to which I have referred. In 1876—having then had charge of this hospital over twenty years—he reported "11,000 in-patients treated, and many thousands of out-patients applied for relief."

The statistics of surgical operations performed during this time showed 345 cases of lithotomy, 87 of lithotrity, 50 of urethral calculi, 18 of preputial calculi, 433 tumors excised, 261 for necrosis, 500 for cataract, 93 for artificial pupil; fistula in ano, 80; circumcision, 116.

Dr. Kerr is still the superintendent of this hospital. His report for last year showed that there had been 20,396 patients treated, and 1,115 surgical operations performed, and that new blocks of wards had been added to the hospital.

In addition to the care of the hospital, he, with two assistants, was engaged in giving instruction to a large medical class.

In 1861, Dr. Lockhart, under the protection of the British Embassy, opened a hospital in

PEKING, THE IMPERIAL CITY.

In 1864, it was transferred to Dr. J. Dudgeon, Dr. Lockhart returning to England. "High mandarins, eunuchs of the palace, princes of the blood, Mongolian princes and princesses," are said to have resorted to it for treatment.

A university was established in this city, and Dr. J. Dudgeon was appointed lecturer on

ANATOMY AND PHYSIOLOGY.

This was a very important event, as it shows the world *does move, even in China.*

It would require too much space in an article such as this to enter into further detail of individual hospitals, as those already mentioned are typical of others. It will be sufficient to say that hospitals multiplied rapidly in other cities, and that they are doing good work. They can be

found in Swatow, Amoy, Foo-Chow, Chifoo, and Tientsin, Hang-Chow, Kiu-Kiang, and Hankow—all large cities. In these hospitals all manner of diseases are treated. Capital surgical operations are performed, as well as those of minor importance, and they are resorted to by "high officials of the Empire, as well as people of the lower and middle classes."

Marvellous as it may seem, in view of the hostility of the people to the foreign physician and surgeon but a few years ago, a revolution has been accomplished in this great Empire, and the

HOSPITAL IS NOW RECOGNIZED

as an *established institution*.

In the achievement of these great results, an appalling amount of labor has been performed. Outside of private practice, establishing and conducting hospitals, a large amount of other work has been performed by these diligent, devoted men. A large number of medical classes have received instruction, and at the present time there are many native physicians engaged in private and lucrative practice. Kwan To, whom Dr. Parker educated in the Canton hospital, became quite famous as a surgeon. He died a few years ago, after having accumulated a large fortune.

The preparation and translation of text-books was also an important feature of medical missionary work. A modern text-book in any of the branches of medical science was not to be found in the Empire. Dr. Benjamin Dobson was the pioneer in this department of work. His first work was on Anatomy and Physiology. This was followed by one on the "Principles and Practice of Surgery," and another on the "Practice of Medicine and Midwifery."

Dr. Lockhart said with reference to these works, "The volumes thus published will be of incalculable benefit to the Chinese: and were this all that Dr. Hobson had done, it would be worth the labor of a lifetime." Many works followed these, by different authors, and it is probable that by this time the Chinese language contains a well-prepared system of medical knowledge—the product of European and American physicians.

At present, there are twenty-five foreign medical missionaries in China, nine of whom are females. But what are they among such a population? To the enthusiast in the profession, there are *glorious opportunities*, and in private practice *golden* rewards.

—Small-pox is prevalent among the rag sorters in the mills of Conshohocken.

NOTES FROM CASES IN PRACTICE.

BY J. B. R. PURNELL, M. D.
Of Snow Hill, Md.

Aloes.—This useful medicine will not cause hemorrhoids, as stated by some authors. It often tends to alleviate or cure that disease when properly combined with an alkali, as soda bicarb. or lithia carbonate. It will act on the upper as well as lower intestines, notwithstanding the contrary statement in some of the works. To prevent any unpleasant effect, add alkali and a little aromatic, and, when requisite, hyoscyamus extract. Aloin, the active principle of aloes, is effective in 1–4 or 1–5 the quantity of that substance, and I am confident it is the best cathartic ever discovered when properly prepared, even as a cholagogue excelling hydrarg. chlor. mite in the great majority of cases. It should have a deep yellow color, also an intensely bitter taste, which, however, can be disguised with extract glycyrrh. and soda bicarbonate.

A short time before his decease, Gov. Henry A. Wise said to the writer, "You doctors say aloes will produce piles, but I tell you it will cure them." I in substance replied that his statement accorded with my own experience.

Sugar in Dyspepsia.—I have for many years been using pure sugar in some forms of dyspepsia. Though often beneficial when employed *alone* either in sick-headache or in migraine attended with vomiting or nausea or a tendency thereto, the following combinations will in some cases be found of great value:

℞. Sacch. albi, ℥ i–ij.
Zingiberis, gr. v.
Sodii chlor., gr. v–x. M.

℞. Sacch. alb., ℥ i–ij.
Capsici, gr. iij,–vi. M.

S. To be taken alone or with but little water.

I report the following case for the reason that the operation of *trephining* is seldom performed at that age, *i. e.*, on one so young: in my case-book I find several pages pertaining to it, but will here give only a brief extract:

March 19, 1879, Willie Walls, a bright child, æt. 6½ years, was struck on the top of the head with the sharp edge of a slate, the consequence of which was a small, narrow scalp wound and a fracture of the os frontis, about an inch and a half to the left of the longitudinal sinus or mesial line. Dr. Marshall, who was quickly summoned, observed the following condition: Feeble pulse, convulsions, insensibility. Three or four hours after the occurence, I saw the case with Dr. M.

and noticed the following symptoms: Pulse *extremely frequent* (I mean *frequent, not slow*) and compressible, pupils dilated, iris immovable by light, total unconsciousness, convulsive movements of arms and hands. We concurred that life was in imminent peril, the patient being apparently in articulo mortis. Having my trephining instrument case with me, no time was lost in preparation for an operation. Before trephining, I succeeded in removing a partially detached small piece of bone at the site of fracture, though without giving any relief. First making crucial incisions of the scalp, and dissecting back the flaps—of the two instruments (trephines) I applied the smaller to the left of the wound, removing not less than three-fourths of a circle of bone a little larger than a dime, leaving an opening adjacent to and in direct communication with the wound. All convulsive action ceased at once, the pulse rapidly improved, consciousness returned by degrees, the life of the little patient was saved. It is unnecessary to speak of subsequent treatment—it will suffice to say a speedy recovery was made.

The following singular and rare case occurred in my practice:

Mrs. B., now aet. 52, married, having had only one child, aet. 27, at times between 1860 and 1869 had symptoms as follows:

Apparently tenderness in region of uterus and vagina, specially at the os uteri, with other symptoms of hysteria. No fever; at times, in some of the attacks, with the other symptoms there was great distention, accompanied with pain all over the abdomen, the tumefaction with *resonance* extending even *to the chest* and *nearly* as far *as the neck:* also ischuria renalis (entire suppression), percussion, and the catheter frequently introduced revealing the fact that the bladder was empty—continuing for several days (once or twice about a week) *without fever* and *without coma* or any phenomenon indicative of danger; this last condition occurring sometimes with, at other times without, the symptoms previously mentioned. In some (not all) attacks the ischuria was accompanied with discharges of mucus and purulent fluid from the bladder in small quantity; the distention in the thoracic abdominal region, usually continuing from 12 to 24 hours, several times disappeared within fifteen minutes under the use of an anæsthetic freely inhaled (chlorof. 1 part, ether 2 parts) and did not recur for a day or at least for several hours, generally leaving the patient free from pain; nevertheless there was tympanites and not muscular rigidity. Anodynes, liniments, etc., over the uterus, and occasionally aperients, were used in the treatment. Diuretics were of no avail.

(*To be continued.*)

A CASE OF GANGRENA ORIS.

BY D. A. HENGST, M. D., OF PITTSBURGH, PA.

On July 28, 1882, I was called to see Mary N. White, two years of age, with the following history: She had just recovered from a moderately severe attack of measles, and now had a swollen, pale face, œdema about both eyes, but the swelling was hard and painful over both parotid and submaxillary glands, and of a shining, glistening appearance; the mucous membrane of the mouth was also swollen and inflamed. Her surroundings were those of poverty and filth, and she had the appearance of an ill-nourished and badly-fed child. Her general condition was bad—pulse 120, temperature about 102°, tongue coated, had some diarrhœa, and was very restless and irritable. The next day the swelling had become more marked. She had indurated patches on the scalp over left parietal bone, at the occiput; over the glands of the face, on lower lip, and on the upper border of the sternum. About two days after this, eschars formed over all these indurated spots as well as on the mucous membrane of the mouth at a point opposite the last molar tooth on each side. In about one week after my first visit these eschars had sloughed away, leaving deep ulcers, which continued to spread in width and depth until in some of them all the soft tissues were destroyed to the bone. She now presented a most pitiable appearance. On the scalp were two large ulcers about the size of a silver dollar, exposing the bone over its entire base; in a short time the narrow bridge of tissue between them was eaten away, thus exposing almost the entire left parietal bone; back of this, over the occiput, was another extending to the bone and about one inch in diameter. Over both parotid glands were deep ulcers from an inch to an inch and a half in diameter, and of a circular shape. A large section of the lower lip had sloughed away, making it appear like a harelip, and causing considerable difficulty in deglutition. The ulcer on the upper border of the sternum, about three-fourths of an inch in diameter, was the most destructive one, for at the time of her death it had ulcerated its way into the pleural cavity. All of these ulcers had tough and sharply-defined edges, with no inflammatory areola. Those on the inside of the mouth were not as deep or destructive as the external ones. Her general condition now was very

bad. Pulse very rapid, high fever every day, with diarrhœa and cough. She continued in this condition until the 23d day of August, when a severe convulsion caused her death.

As regards treatment, when the case was first seen it looked like one of erysipelas of the face, and I prescribed accordingly; but as soon as the eschars formed I began to suspect the terrible nature of the disease I had to deal with. Then applied strong nitric acid as a cauterant and alterative; repeated this at various times, and afterwards used a paste of carbolized water; but these applications would not check the spreading tendency of the disease, nor change the character of the ulcers.

Internally she was given morphine when needed to calm irritability. Tr. Ferri Chlor., Quinia and stimulants, also nutritious food, such as beef tea, milk, etc. This has been to me a very interesting as well as an extremely rare disease, being the first case of the kind in a practice of thirteen years. The slow progress of the disease, and its not affecting the mouth as much as the tissues on the outside, might be brought forward as an argument against gangrene of the mouth. But the course of the disease is not always so rapid. In consulting the authorities upon this subject, I find it described as being extremely rare in private practice, but more frequent in hospitals for children; that unfavorable hygienic conditions constitute a predisposing cause, and that it almost always follows upon some acute or chronic disease, especially measles. In this case the hygienic surroundings were extremely bad, and it followed an attack of measles. M. Barou says he has never known it to occur as an idiopathic disease, and that it is questioned whether or not large and continued doses of mercury have ever produced it.

RADICAL CURE OF POPLITEAL ANEURISM.

BY S. PIXLEY, M. D.,
Of Peninsula, Ohio.

Arthur Seeley, twenty-four years of age, single, on the 1st of January, 1882, came to me for medical advice. My diagnosis was Popliteal Aneurism. The following facts were elicited: Some eight years ago he had a pair of shears penetrate the popliteal space of his left leg, which confined him to bed for two weeks, soon after which he recovered the use of his leg. Some three years previous to the first of February, 1882, he complained of stiffness of the knee, and a small tumor in the popliteal space. Upon examination, I advised him to consult the professors of the Cleveland City Hospital for treatment.

He entered the hospital on the 21st of February, 1882, and his treatment while there was as follows: First by flexion of the leg upon the thigh, bound by bandages, his heels touching his nates, in which position he was kept for three weeks, his suffering being allayed by morphine, administered hypodermically. There was no improvement of the aneurism. The bandages were removed on the 14th of March, and an attempt was made to straighten the leg, which stood at nearly right-angles with the femur.

The leg was raised and placed in an extension sling. An India-rubber bandage was then applied from the calf of the leg to the lower portion of the middle third of the femur three days, when the swelling and pain of the foot required the removal of the bandage and the re-application of it from the toes to the middle third of the femur.

This treatment was continued until the 4th of April, when he was discharged from the hospital without relief.

The patient returned to this place to have the artery ligated.

On the 11th of April I procured the assistance of Doctors Humphry, Cole and Humphry to assist me in an attempt to make a radical cure by digital pressure.

At nine of same day we began digital pressure, and continued same for twelve hours, then left patient to rest for thirty-six hours. Again resumed pressure for six hours, at which time pulsation entirely ceased through the aneurism. We still continued pressure for three hours, when we considered the cure effected, which has proved itself permanent.

On July 1st the tumor was almost obliterated, and the patent resumed his usual work, and has continued well up to this date, Dec. 8, 1882.

HOSPITAL REPORTS.

Amyloid Degeneration of the Liver.

BY FRANK O. NAGLE, M. D.,
Professor of Materia Medica, Therapeutics and Clinical Medicine in the Medico-Chirurgical College, Philadelphia.
Reported by ALBERT KOLB.

GENTLEMEN: This boy comes before us to-day suffering from a disease rather unusual for one of his age. I shall first read you his history as obtained from his motner, who is here with him.

History: Harry Gayant, age 6 years 7 months. Father and mother are both living and healthy.

Harry is the second child from the second husband. From his birth until two years ago last June he was perfectly well; he then contracted measles in a mild form, from which he recovered without any treatment, excepting confinement to bed, until convalescence was established. Shortly after his recovery, his mother noticed an offensive discharge coming from the left ear, which gradually increased in quantity, and continued to be horribly offensive. This discharge (which was probably due to caries of bones of the ear) continued for at least (6) six months, when it gradually ceased. About this time his mother noticed some slight puffiness (œdema) of the feet, which lasted several days, and at the same time she also noticed his abdomen enlarging; this enlargement commenced in or near the epigastrium, and gradually but steadily grew larger until it has reached its present enormous size. Pain was never associated with the swelling, nor was there at any time jaundice.

Appetite has always been good, but "food did not seem to nourish him," emaciation gradually taking place, particularly in the arms and legs. Bronchorrhœa with fœtid expectoration has been a constant symptom, together with noticeable dyspnœa from time to time. Urine has always been freely discharged. He was also liable to occasional attacks of diarrhœa.

Now gentlemen, when a patient comes to you for the first time, ask him his name, age, occupation, etc. etc., and then you proceed to examine him in order to arrive at a diagnosis. In all cases it is not necessary to follow strictly the regular form for examining patients as laid down in your text books. Take the most prominent symptom of which he complains, and let that serve as your starting point in your examination: *i. e.* if he complains of cough, you proceed at once to examine his lungs; œdema of the feet will refer you to either the heart, kidneys or liver, etc., etc. By so doing you will be able to save much valuable time.

I shall follow this rule in the present examination. This boy comes to us presenting a very prominent symptom of his complaint, which I shall take as a starting-point in making my diagnosis. You notice his abdomen is considerably enlarged. I shall examine into his present physical condition, and see as to the cause of this enlargement.

His countenance, you notice, is sallow, anæmic, unhealthy in appearance, showing that the child must be suffering from some grave constitutional cachexia.

Measurement around abdomen at the point of greatest swelling, above the line of the umbilicus, 26½ inches.

The superficial veins of the abdomen are everywhere enlarged, not however to a very considerable degree.

On palpation the abdominal walls are tense as if they were unduly stretched. Percussion, commencing at the pubes and passing upwards towards the sternum, in the middle line of abdomen, gives tympanitic resonance to a point one inch above the umbilicus. In the left inguinal region same percussion-note up to the left hypochondriac region, where, posteriorly, splenic dulness commences. In the right inguinal region same resonance, dulness beginning opposite crest of ilium.

This swelling does not change its shape or position with the changes of the patient's body.

The liver dulness, on the right side, extends from the (6) sixth rib downwards to the crest of the ilium—from xyphoid cartilage to within one inch of umbilicus. Left lobe fills up left hypochondriac region. With a little care I can map out the entire organ, showing you its characteristic shape is preserved. The edges are sharply defined and can be readily felt through the walls of the abdomen.

The area of splenic dulness extends over four inches longitudinally.

Heart is somewhat enlarged, with a systolic, probably anæmic, murmur at the apex.

On auscultation moist rales are heard, anteriorly, over the apices of the lungs and posteriorly between the shoulders over the larger bronchial tubes.

The urine contains trace of albumen, and an occasional hyaline cast is found. With these symptoms pointing to involvement of the kidneys, there is no dropsy.

What are the different causes which may give rise to enlargement of the abdomen, and what is the most probable cause in this case before us?

There are many diseases characterized by swelling of the abdomen. We have enlargements due to dropsy (ascites), over-distention of the bladder, tumors, tympanites, enlargements due to diseases of the solid abdominal viscera.

In ascites or hydroperitoneum, the fluid is found in the abdomen in the most dependent portions, and distends the abdomen from below upwards. This fluid changes with the different positions of the patient's body. On percussion we would have absolute flatness over the fluid and a peculiar impulse imparted to one hand placed on the abdomen when the latter is tapped with the other hand; this is known as the sense of fluctuation. In this case none of these symptoms are found; yet this boy has been treated by several regular physicians in this city for dropsy. By remembering these points, I am confident that none of you will make the same error.

Over-distention of the bladder sometimes occurs to such an extent as to give rise to enlargement of the abdomen. This occurs in stricture of the urethra and in the sacculated bladder sometimes met with. You would distinguish such a condition by almost the same physical signs you would have in ascites. Introduction of the catheter would establish your diagnosis.

Tumors, either benign or malignant, are not admissible in this case on account of the age of the patient.

Tympanites or an excessive distention of the intestines by gas occasions enlargement of the abdomen, giving rise to its characteristic tympanitic resonance. This occurs at times to an enormous degree in typhoid fever.

Enlargement of the solid abdominal viscera.—Ague-cake, or enlargement of the spleen occurs in persons having had malaria or who are living in malarious districts—the spleen in these cases being developed to such an extent that the gland fills up almost the entire abdomen. Although the spleen in this boy's case is somewhat enlarged, there is an entire absence in his history of malarial poisoning.

Enlargements of the liver.—There are several diseases of the liver in which enlargement of the organ is a prominent symptom. As our patient has never had any pain, I shall only consider the painless varieties of enlargement of the liver. These are fatty degeneration, hydatids, and amyloid degeneration of the liver.

In fatty degeneration of the liver the organ is usually moderately enlarged; the edges lose their characteristic sharpness and become round or blunted; the organ is less firm than normal. This occurs in persons suffering with chronic diseases, as tuberculosis, or of intemperate habits, or over-feeding, especially on articles of food containing a large percentage of fat. Jaundice may or may not be present. If ascites occurs, it is probably due to the accompanying cirrhosis.

Hydatids of the liver.—This affection is produced by the introduction of the ova of tapeworms into the alimentary canal; from there they make their entrance into the liver, etc., where they develop into cysts, varying in size from a small cyst to a tumor as large as a child's head. The tumor makes its appearance on the surface of the liver more frequently on the right side than the left. The patient complains of a sense of fullness or weight over the region of the liver. A peculiar fremitus, hydatid fremitus, is in some cases observed, and is highly characteristic when present.

The last disease of the liver characterized by enlargement, and not associated with pain, is amyloid degeneration. This affection occurs in persons who have been subjected to prolonged discharges, generally the result of caries of bones; in persons having constitutional disease, especially the scrofulous or syphilitic cachexia. The enlargement is uniform, the shape of the organ not being lost. The tumor is firm; and does not give rise to any pain on handling. The spleen is generally enlarged, and albumen in the urine shows that the kidneys are also similarly diseased.

I think you will all agree with me that the evidence I have produced points clearly to disease of the liver as the cause of the enlargement in this case before you.

It is not fatty degeneration of the liver, as the swelling is too great, the organ too firm, and the edges too well defined.

It cannot be hydatids of the liver, as the enlargement is too uniform, and also on account of the rarity of this affection in this country.

By exclusion, therefore, and from the fact that speen and kidneys are also affected, together with the history of the case, we diagnose amyloid degeneration of the liver as the cause of this enlargement.

The exact nature of the pathology of amyloid degeneration is a point not yet satisfactorily solved. Amyloid, albuminoid, lardaceous, bacon-like, waxy, scrofulous enlargement (Budd), are names used synonymously; they apply either to the supposed nature of the affection, or to the peculiar appearance of the organs affected. The name amyloid was applied to this disease by Virchow, who supposed it to be a substance analogous to starch on account of the color produced by iodine.

It consists of a morbid infiltration into the tissue with a substance resembling albumen, having its primary deposit in the muscular tunic of the capillaries or arterioles of the organ affected. The organ increases in size, and its functions are thereby impaired. This is met with in persons having been subjected to long-continued suppuration, especially due to bone disease, or empyema, chronic diseases of the lungs (tuberculosis), various ulcerations, etc. Any part of the body may be affected, although it is especially apt to occur in the liver, spleen and kidneys, which are generally simultaneously involved.

It is thought that the waxy deposit is dealkalized fibrin, as the system has been found deficient in them, especially in those cases where the disease follows copious suppuration, the alkalies being removed with the pus.

The most characteristic feature of the degeneration is the starch reaction when iodine is applied. If a solution of iodine is applied to healthy tissues a yellow color is produced. If the iodine is applied to an organ affected with amyloid degeneration it changes its color to a mahogany brown, which, after a while, disappears, and the part regains its former color. If, however, after applying the iodine solution a drop of sulphuric acid be carefully added, the color is changed to a bluish black or violet.

When this degeneration affects the liver, the organ increases in size. The enlargement is uniform. The characteristic shape of the liver is preserved. Its weight and density are also increased. These changes do not cause obstruction of the portal circulation, and consequently you do not have dropsy (ascites). The injury to the organ is in proportion to the amount of infiltration, and is caused by the overcrowding of the cells and tissues, and consequent interference with the circulation through the arterioles, producing loss of function of the organ.

This disease is rare in childhood and in old age. "Of sixty-eight cases analyzed by Frerichs, nineteen occurred between ten and twenty years, nineteen between twenty and thirty years, eighteen between thirty and fifty years, nine after the age of fifty, and only three prior to ten years."

Prognosis is unfavorable. The disease is incurable, though months and years may be required before a fatal termination takes place. Death occurs from the gradual exhaustion produced, or from the diseases with which it is generally associated.

Treatment.—For this disease there are no so-called specifics. Treat your patients upon general principles. In the majority of cases iron for the anæmia, and iodine for the constitutional cachexia giving rise to it, are the two drugs from which the most benefit has been derived. If syphilis is the cause of the cachexia, iodide of potassium is strongly indicated. The diarrhœa may be controlled by the vegetable astringents, bismuth subnit., and opium. For the cough, chloride of ammonium gr. ij. to v. every three or four hours. Chloride of ammonium in large doses (gr. x. to xxx.) three times a day is supposed to arrest the further development of the disease. Support the system with tonics; let quinine form the basis. Arsenic, strychnine, iron, and the vegetable bitters may be advantageously combined. Careful attention to diet. Plenty of eggs, milk, chicken, etc. Outdoor exercise when the weather permits.

During the course of this disease you are especially apt to have as complications diarrhœa, obstinate vomiting, albuminuria, dropsy, and uremia. These all require appropriate remedies.

For this boy I shall order

℞. Syr. ferri iodidi f. ℥ ss.
S. 5 drops 4 times a day.

℞. Ammon. chloridi, gr. x. to viij.
Mist. glychrriza co. f. ℥ ij.
M.ft. mist.
S. ℥ j. every 4 hours.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, December 14, 1882. The President, Dr. Jas. Tyson, in the chair.

A Case of Mitral Obstruction, with Sequential Lesions.

Exhibited by Dr. E. P. Bruen.

I submit this specimen because it favorably illustrates the lesion and the sequential changes in the different chambers of the heart. The auriculo-ventricular opening of the left heart is nearly occluded by an epiglottic-shaped enlargement of one of the leaflets of the mitral valve. The valve is very much thickened, and the focus of a considerable calcareous deposit. The orifice during life permitted a reflux of blood from the ventricle into the auricle. The left auricle is dilated and hypertrophied so that its cavity is about twice as large as normal. The right ventricle is very much dilated, the walls of this cavity are less than half the normal thickness, and the ventricle must have had during life twice its physiological capacity. The tricuspid valves were insufficient on account of the dilatation. The considerable enlargement of the left auricle and right ventricle occasioned during life a broadening of the area of dullness on the level of the third and fourth ribs, viz: the apex of the cardiac triangle. It also produced a decided increase in the area of the cardiac dullness to the right of the median line of the sternum. In children, the heart with similar enlargement encroaches upon the left pleural cavity to such an extent that the physiological inflation of the left lung cannot occur. Bronchial breathing is produced, audible posteriorly, while anteriorly, below the second interspace, no respiratory murmur is audible. In these cases, when the complication of bronchitis occurs, the physical signs suggest a pleural effusion. Enlargement of the right ventricle, both in children and adults, causes a pronounced impulse at the epigastrium, and occasions serious pain and inconvenience. The murmur heard during life in the case from which my specimen was taken indicated this lesion, both presystolic and systolic murmurs being audible. The second sound at the pulmonary artery cartilage was also much accentuated, owing to the repletion of that vessel with blood. The first sound over the right ventricle was very clear and distinct, as is common in these cases, but the first sound at the apex was obscured by the murmur. The patient, from whose body these specimens were removed, was a woman aged 45 years, who had been subject to heart disease since twenty. The immediate cause of death was pulmonary repletion with blood, which induced right-heart failure. Compared with mitral regurgitation, this mode of death illustrates a feature of the chemical pathology of mitral obstruction. In mitral regurgitation death occurs with heart failure, but usually after serious dropsy. In mitral obstruction dropsy is not so prominent a symptom, but the pulmonary engorgement prevents a perfect supply of blood to the aorta. The right-ventricle failure in cases of mitral obstruction brings about death in the same manner as left-ventricle failure does in cases of aortic obstruction.

Pericardial Effusion and Adhesion of the Pericardium to the Apex of the Heart, Mistaken for Heart-Rupture.

Exhibited by Dr. J. T. Eskridge.

Dr. Eskridge said that in this case the physician making the autopsy actually considered the specimen to be one of heart rupture. The patient was an athletic young man, and perfectly well until a few days before he sought medical advice. He was under treatment for only 24 hours, suffering from cardiac pain and great prostration. He died suddenly and unexpectedly when no one was near him. The attending physician, who made the post-mortem examination with no professional assistance, reported effusion in both pleural cavities, the pericardium distended with thin, non-coagulated blood, and a rupture of the left ventricle. Dr. Eskridge said that a careful examination of the heart, pericardium, adjacent glands, and portions of the larger bronchi, showed marked evidences of pericarditis and pleuro-pericarditis. The pericardium was adherent to the lower third of the heart, but the adhesions were recent and easily severed. The heart was not much enlarged; its valves were nearly normal, and its muscle firm. No rupture was found. He believed that the case was one of pleurisy and pericarditis with effusion, death taking place suddenly from mechanical interference with the heart and lungs. He thought that the most plausible explanation of the doctor's mistake in calling it a case of cardiac-rupture was, that when severing the blood-vessels around the heart, blood flowed into the pericardium and mingled with the serous effusion. He did not think that a firm, non-fatty heart could rupture itself by its own contractions. If the pericardium was filled with effusion, in that instance it taught a lesson of far more practical value than a case of cardiac-rupture under similar circumstances would. It was evident if the pericardium should be attached to the apex of the heart in a case of pericardial effusion, in which operative interference was determined upon to free the heart's action, a thrust of the trocar into the pericardium would greatly endanger the ventricular walls.

Several Specimens of Eyes Enucleated on Account of Sympathetic Irritation in the Other Eye, or for Fear of its Developing.

Exhibited by Dr. Little.

Sympathetic irritation and sympathetic ophthalmia are the only two forms of the sympathetic diseases of the eye that afford an opportunity for

pathological study, and in these cases only the enucleated eye can be investigated; just what are the conditions in the eye protected by the enucleation of the other eye primarily at fault, must remain uninvestigated; if full restoration of the function of vision is attained in the one sought to be protected by the enucleation of the fellow-eye, great satisfaction only is felt. Less and less opportunity is being afforded of studying the condition of an eye enucleated for the presence of sympathetic ophthalmia in the other eye, since merely the sympathetic irritation of the sound eye impels the surgeon to enucleate the primarily affected eye before true sympathetic ophthalmia asserts itself. The portion of the eyeball which renders liable the development of this affection when diseased is so well known that not even sympathetic irritation should be allowed to develop, as an early enucleation will prevent it. Enucleation of the primarily diseased eye when true sympathetic ophthalmia is present in the other eye is now questionable, as after all inflammation has subsided under treatment, surgical proceedures upon the primarily affected eye may afford the best results for visual purposes. A recent experience will bear me out in this statement: the patient refusing the advice of a former medical attendant and also my own, after two months suddenly developed sympathetic ophthalmia of the sound eye. Enucleation was then too late. Now both eyes are becoming quiet, and I am in doubt which in the end will be the more available eye. A physician recently under treatment for a severely traumatized eye has refused the advice of two surgeons, and is now doing well; but the danger of a sympathetically irritated eye is constantly before him. The pathological investigation is then mainly restricted to eyes enucleated before or after sympathetic irritation has developed in the other eye, as results show that under such circumstances full protection to the remaining eye is afforded. Investigation of eyes enucleated when sympathetic ophthalmia of the other eye is present may explain the cause of the trouble in the remaining eye; but there is so much damage done to both that our knowledge only makes us the more desirous to prevent these conditions from arising, and in the multiplicity of conditions the principal cause is lost. When enucleation to forestall sympathetic irritation or ophthalmia is done, or when the operation is performed with sympathetic irritation just beginning or present, the eyeball removed is in a much better state to examine, and more light can be thrown on the cause of sympathetic irritation, since severe inflammatory processes cloud the change from sympathetic irritation to that of sympathetic ophthalmia, and the pathological study is more difficult. My collection contains only one specimen enucleated when sympathetic ophthalmia was present, and in this case there was a double acute glaucoma with sympathetic iritis. At this time I only desire to place before you some specimens of eyes enucleated for the protection of the fellow-eye from sympathetic irritation, or on which it was already beginning or developed, and in these cases good and permanent results have been attained. Four of these cases were due to traumatism; the fifth was of an inflammatory character. All but one of the traumatic cases had the fellow-eye affected, and the examination of the enucleated eye in the exceptional case justified the operation. In two cases the sound eye became affected shortly after the injury to the enucleated eye. In one case no irritation until forty years had elapsed since the accident to the enucleated eye. In one non-traumatic case there were repeated attacks for a series of years, of irritability in the sound eye, until the pain in the diseased eye and the disturbance of the sound eye compelled operation. In the remaining traumatic case for twenty years the uninjured eye was unaffected, except rendering the myopia more progressive, which rendered an operation imperative for its arrest and to prevent the outbreak of sympathetic ophthalmia later in life. The patients were aged respectively 3 years, 40 years, 47 years, 50 years, and 70 years. Three of the patients were males, and two females. In four cases the left eye was enucleated, in one case the right. In every case the injury or disease involved directly or indirectly the ciliary body; and where the crystalline lens remained in situ or the sclerosed tissue infringed most markedly on the ciliary region, the irritation developed most rapidly in the other eye. Where the crystalline lens was dislocated with weakening of the sclerotic tissue, no irritation appeared for forty years in the other eye. In one case with dislocation of the lens and detachment of the retina and choroid, no irritation had appeared at the end of twenty years in the other eye. In those cases where the iris became entangled in the cicatrix, sympathetic irritation of the other eye developed most rapidly; in one instance, the lens becoming cataractous in the sound eye, while that of the injured one was either absorbed or lost at the time of accident. In short, is it not to injury of the ciliary nerves, with their varied function, and to the damage done to the tissue in which they are imbedded in the different divisions of iris, ciliary body and choroid, that we are to look as the cause of sympathetic irritation in the fellow-eye, and of these the ciliary body and nervous structures in it, with or without involvement of of the iris as the principal part involved? When sympathetic ophthalmia arises in the sound eye, cannot it be traced to inflammatory processes, added to the irritation of the ciliary nerves and involving the iris, ciliary body and choroid? How far the retina and optic nerve participate in sympathetic irritation, it is difficult to say; only we find that in enucleation for sympathetic irritation, the fellow-eye regains the full function of sight.

In sympathetic ophthalmia, however, the involvement of the nerves and retina is a more important factor, and the fellow-eye is not so likely to be restored to full function of sight, as the condition in the enucleated eye and the one affected are more serious on account of marked inflammatory processes.

[Dr. Little then gave in detail the histories of his cases, but all essentials having been already given, it is not important to add them here.]

Stab of Pericardium, Diaphragm and Liver,

Exhibited by Dr. Strittmatter.

The specimens were removed from a German laborer, aged 62, a patient in the Surgical Wards of St. Mary's Hospital, under Dr. Mears, who was admitted July 16th, 1882. He had been laboring

for some days under a mental delusion, and after writing a clear, intelligible letter to his wife and family in Germany, stabbed himself with a clasp-knife in the right side of the chest several times, notwithstanding all efforts of the bystanders. He was at once taken to the hospital, and on admission was much excited, with a rather flushed face, but little shock, struggling to escape from the punishment of his supposed crime. Examination showed two wounds: one over and reaching down to the cartilage of the sixth rib of the right side, about one and a half inches from the sternal border, and about two inches in length; the other half an inch from the border of the sternum, and severing from it the cartilages of the seventh and eighth ribs. Closer examination of this wound showed that there were two openings through the costal cartilages about a line apart; the outer passing downward, outward, and backward, the inner, in a direction inwards, downwards, and backwards. Through these openings air occasionally passed when the patient respired violently when struggling, causing a high-pitched sucking and blowing sound. None but slight bleeding took place, and that from the integument. Physical signs everywhere normal except over the lower part of the right lung, where increased resonance was noted, and on heavy percussion a kind of "cracked-pot sound" was elicited. Auscultation revealed diminished breathing sounds over the upper part of the right lung, while respiratory sounds were entirely absent over its lower portion. Heart's action rapid and irregular. Heart sounds feeble, especially the first. Pulse 112, respiration 42 and shallow. There was no sign of internal hemorrhage. Both during inspiration and expiration, when the head and shoulders were raised and he inspired deeply, a peculiar high-pitched blowing sound was occasionally heard, a little to the left and below the ensiform cartilage. It did not resemble the sound produced by gas in the stomach or bowels. Antiseptic dressings were used and morphia given, but he slept little, although nothing was complained of beyond a burning sensation beneath the sternum. The next morning he was calmer, rational, felt pain only during inspiration, and altogether breathed more easily than during the night, although the physical signs remained the same. The abdomen was tympanitic, the pulse full and moderately strong, 92 per minute, respirations 32, and expiration labored, with groaning. Temperature 101.6°. During the next night he grew worse, with restlessness, poor sleep, followed the next morning by cutting pains in the chest at each inspiration, anxious, pinched face, and considerable anxiety as to his condition. Friction sounds were now heard over the whole of the left chest, and on the right side from the apex to the fourth rib. Pericardial friction sounds were also heard. Pulse 100, full and hard; respirations 48, with rapid, jerky inspiration, abruptly terminating, to be followed by a forced, prolonged, groaning expiration. Temperature 103.2°. Evening pulse, 120; respirations, 44; temperature, 103.2°. During the next twenty-four hours all the symptoms, physical as well as rational, of effusion into the pericardium and both pleuras developed; but although the abdomen was tympanitic, no signs of effusion were detected. Pulse in the evening 120, irregular, intermitting; respirations 40; temperature 101.8°. Had a bad night, and next morning seemed much prostrated, with a feeble, occasionally intermitting pulse of 120 per minute; temperature 102.8°; respirations 40, labored and shallow. Low, muttering delirium now set in; he sank rapidly, and died at two p. m., of the 20th, with a temperature of 102.5°. [The surface temperature record, not showing anything of very *decided* interest, is omitted.] Sectio-cadaveris.—Brain; pia mater adherent, thickened in in patches and opaque, especially on either side of the vessels, which were filled with dark blood over the upper convex surface of the left hemisphere.

There was a slight amount of serous effusion in the subarachnoid space. The ventricles contained a small amount of serum. Chest.—On raising the sternum the right pleural cavity was seen filled with a thick, fatty looking effusion, with some bands of recent lymph extending from the lung to the chest-wall. The apex of the lung was quite firmly adherent to the chest-wall. The anterior surface of the lung was coverrd to the depth of ¼ of an inch with soft, grayish yellow lymph. A portion of the back part of the inferior lobe was consolidated. The left pleural cavity was only about half-filled, with the same thick layer of lymph and adhesion to the apex that was noted in the right lung. No part of the left lung would sink into water. The pericardial sac was distended with fluid, and both upon its inner surface and upon that of the heart was abundance of lymph connecting the two surfaces by drawn-out bands of the same. There was a large chicken-fat clot in the left ventricle, extending about six inches into the aorta. The right ventricle was filled with blood, with a small clot extending into the pulmonary artery. Examination showed that while there were but two penetrating wounds externally, the knife must have been thrust in repeatedly after partial withdrawal, as there were three openings through the diaphragm, penetrating the liver to the right of its suspensory ligament, and one traversing the lower part of the pericardial sac, and entering the left lobe of the liver for about 1 inch. The other liver wounds were ¼, ½, and ⅛ of an inch deep. There were no traces of peritonitis, although about two ounces of serum was present, probably escaped from the pericardial sac through the wound. The liver wounds did not gape, were ununited and surrounded for about an inch in every direction by a brownish yellow discoloration. The liver weighed 62 ozs.; spleen enlarged and soft; other organs healthy.

Remarks by Dr. Mears.—I was much interested in this case. During life the symptoms of wound of the diaphragm and of the liver were markedly absent, whilst those of injury of pericardium and pleura developed as the interval after the receipt of the wounds increased. The external wounds gave little indication as to the direction taken by the knife after puncturing the thoracic cavity, and as shown by the post-mortem examination, no information as to the extent of injury inflicted. The absence of symptoms of injury of the diaphragm may be explained by the fact that the wounds were in the tendinous portion of that muscle, and being small, did not interfere to any great extent with its function in respiration. In

injuries causing laceration of the muscular fibres attached to the ribs, dyspnœa occurs as a prominent symptom by reason of the impairment of the respiratory duty of the muscle. Moreover, the symptoms may have been masked by those referred to the injury of the pericardium, as in wounds of both of these structures dyspnœa is a prominent symptom. The knife in one of the thrusts possed through both, and involved them in a common injury. The only explanation I can offer of the production of the blowing or rather suction sound which was heard under the ensiform cartilage, is that it was occasioned by the passage of air during respiration through the openings in the diaphragm — the air entering primarily the lung cavity through the external wound. The fact that the air did not pass in and out of this external wound during the act of respiration, afforded good evidence that the lung was not wounded. The wounds of the liver were of such character as to make little or no impression beyond what might occur as the result of injury to the coverings and superficial portions. Puncture of the liver with a trocar is frequently performed with a view of evacuating fluids. Instances are reported in which no fluid has been found, and no harm has been inflicted by the tapping.

Extensive laceration, the result of gunshot wounds or rupture following falls, produce characteristic symptoms of shock and internal hemorrhage.

Secondary Sarcoma of Heart, Lungs and Gall-Bladder, Following Primary Amputation for Deposit in the Femur.

Presented by Dr. Willard.

The specimens exhibited were the heart, lungs, and gall-bladder of a female patient, æt. 21, whose right thigh had been amputated four months previously for a spindle-celled sarcoma of the lower end of the femur. The apex of the right ventricle was infiltrated with a sarcomatous mass, which extended into a cavity among the columnæ carneæ, forming an irregular-shaped body occupying one-fifth of the space. The walls were softened, and but little of a muscular fibre was to be seen at the apical region. The diseased tissue was very soft and easily detachable, rendering its propulsion into the lungs a matter of exceeding probability at each heart-beat. The walls above the mass were natural in appearance and in thickness; the valves showed no evidence of disease on either side of the heart. The left ventricular and both auricular walls were healthy. The disease had not reached the visceral layer of the pericardium, and there was no abnormal effusion in the cavity of the sac. The septum ventricularum was not involved. That numerous particles had been swept into the lungs, was very evident when these organs were examined. At a large number of points in either lung were to be seen white masses, varying in size from that of a pin's head to that of an English walnut. Some of these were dense, others are undergoing softening, and in nearly every instance the lung substance surrounding was so disintegrated that the mass seemed to be in a cavity containing a drachm or more of sanguinolent fluid. A very moderate degree of pressure would cause a nodule near the surface to burst its pleural covering, and give rise to an accident similar to the one which was found to have occurred near the right apex. At this point a large sarcomatous mass had excited a degree of inflammation sufficient to fasten the lung to the parietal pleura, and one week before the patient's death, ulcerating through the serous covering, had given rise to an internal hemorrhage that was well-nigh fatal and gave symptoms of sudden collapse, noted in the history. This escaped blood was found in the right pleural cavity, confined by adhesions chiefly to the upper portion of the chest. For the week which elapsed between the hemorrhage and death, it had coagulated, forming chicken-fat clots and other coagula weighing fully two pounds. The pleural cavity below the adhesions contained about two quarts of bloody serum. There was no consolidation of the lungs, save around the diseased foci. The lungs had evidently acted as a complete strainer, and had prevented the passage of emboli; for liver, kidneys, speen, and all other organs were healthy, save one small spot in the gall-bladder. The brain was not examined. The primary disease in the femur had apparently resulted from traumatism, since no difficulty had existed previously to a severe fall upon the knee. From this time the pain on walking was continuous, and four months later there was decided enlargement of the external condyle and swelling in the popliteal space. The chief points of interest in the case were: First, the traumatism acting as an exciting cause. Second, that the physician who first saw her detected neither fracture nor luxation, nor anything beyond contusion of the joint. Third, the appearance at the end of four months of a pulsating tumor in the popliteal space which presented a decided bruit, but no thrill. This was due to the lifting of the artery from its bed by the sarcomatous mass. Fourth, the non-involvement of the knee-joint, although the nodules had pushed forward the synovial membranes between the condyles posteriorly. The articular cartilage of the femur was intact, although the bone tissue immediately beneath it was extensively diseased. Fifth, the return of the disease, not in the stump but first in the right ventricle, but to failure in circulation and great prostration, which came on from four to six weeks after the amputation, and without anything in the condition of the stump to warrant such depression. The patient seemed in articulo mortis, yet there was no pain and no dyspnœa, only a feeble, rapid heart action accompanied by low delirium and weakness. There were no valve-sounds audible. These symptoms were due, as shown post-mortem, to the deposit and development of the sarcomatous mass in the heart. Nature however gradually accommodated herself to the new growth, and the patient rallied for a time, so as to be able to walk on crutches, eat heartily, and consider herself in good health. She got fatter, and only slight dyspnœa on exertion, with three or four coughs a day, remained to indicate recurrence of the disease. Sixth, a sudden, causeless as to exertion, profuse hemorrhage, from the collapse incident to which she rallied and lived one week, with respirations, 30–38, pulse 130–140. Seventh, the primary and consecutive growths showed a preponderance of spindle cells, while the secondary nodules were composed chiefly of round cells. Eighth, the post-mortem examination throws

great light upon the clinical symptoms, while the great rarity of sarcoma of the heart makes it important to note that there was never any angina pectoris. In Dr. Ingram's report of a case called carcinoma of the heart, in the Transactions of this Society for 1877, the only case ever presented to this Society, angina pectoris was indicated as one of the diagnostic points. In the report of the committee on morbid growths, Dr. Ingram's specimen was shown to be really an alveolar sarcoma. Secondary sarcomatous growths of the heart are mentioned by various authors, but the histories give no clinical signs of the growths. Dr. Barton said that in regard to traumatisms causing morbid growths, he considered that they probably had no more causative effect than acting as exciting causes. Dr. Formad asked if the exact nature of the primary growth was known, whether it consisted of round or spindle cells, since it has been stated that the spindle-celled variety never forms metastases. Dr. Seiler reported that the primary growth consisted of both round and spindle cells. Dr. Shakespeare agreed with Dr. Barton as to the origin of the primary growth. He did not consider that injuries were anything more than exciting causes in those predisposed to such growths. The case presented a typical example of the method of metastasis; we have the growth first developing at the knee, whence particles were carried by the veins to the heart, became there lodged and developed into a tumor, which forms a new centre from which microscopic emboli are carried by the blood-current into the lungs, where they lodge and grow into the nodules seen in the specimen. Metastasis of sarcoma occurs by means of the blood-current, while that of carcinoma takes place through the lymphatics. Dr. Formad could see no other cause for the tumor than the injury of the knee, previous to which the patient had never shown any symptoms of disease of the joint, while shortly after receiving the injury the tumor appeared. The tumor may not necessarily be malignant; there is an inflammation and formation of cells; the malignancy will depend upon the looseness of the cells and the facility with which they can be transported.

Dr. C. K. Mills then read a paper on the Brain in Epilepsy, which did not admit of abstraction.

Dr. Brubaker presented a specimen of tumor of the brain, which, with the accompanying paper, was referred to the Committee on Morbid Growths.

C. B. Nancrede, *Recorder*.

Editorial Department.

Periscope.

Diphtheria and School Congregation.

The *British Medical Journal* says that a noteworthy instance of the spread of disease by the agency of schools is afforded by Dr. Sykes in his last annual report on the sanitary condition of Portsmouth. During 1881, the borough was visited by a wide-spread epidemic of diphtheria, which caused no fewer than 205 deaths, a mortality from this cause unprecedented in the annals of Portsmouth. Dr. Sykes attributes the wide-spread nature of the epidemic (1) to the carelessness and curiosity of neighbors visiting infected houses, and taking the disease home to their own children; and (2) to the congregation of large bodies of children in schools. This last cause was a most potent factor in the dissemination of infection. In the earlier stages of the epidemic, numerous cases were discovered in which the disease was undoubtedly contracted at two of the Board schools in the borough. This is evident from the fact that, during the first quarter of 1881, two-fifths of the cases either attended these schools, or had members of the same family doing so. Convinced of the importance of closing these places, Dr. Sykes made personal application to the authorities with this object, but unfortunately without success. Later on in the year, it was found that one of these schools was playing a still more important part in the spread of the epidemic, the sudden extension of the disease in its immediate neighborhood being attributed to cases in which the complaint had been caught at the school. Indeed, during the last quarter of the year, no fewer than seventy-five children had either attended there, or been infected by members of the same family. Another establishment was acting in a like manner, but the authority was now successful in obtaining the closure of the two schools for some weeks after the Christmas holidays (making together an interval of eight or nine weeks), with the effect of causing diphtheria to gradually, but certainly, disappear from the two neighborhoods. A marked diminution in the numbers of those attacked was also observed at the close of the summer holidays.

Vomiting of Pregnancy.

Professor Horwitz, of St. Petersburg, has recently issued a monograph on this subject, which has received a lengthy notice in the *Medical Press and Circular*, from which we take the following remarks on treatment: The legion of drugs recommended is the best proof of their worthlessness—alkalies, alkaline waters, bismuth, laudanum, cerii oxalas, sinapisms, blisters, chloroform or ether spray over epigastrium and back, ice-pills, iodide of potassium, bromide of potassium, nitrate of silver, electricity, etc. Besides this, they can only be employed in the early stages of the affection. Prof. Horwitz recommends absolute rest in the horizontal posture, and in a darkened room, the diet to be nourishing and carefully regulated. Nutrient enemata are counseled under the following regulations: 1. One or two hours before their

employment the colon should be washed out with warm water. 2. Only small quantities should be injected at once (about three ounces at a time). 3. Frequent repetitions of them should be avoided, in order that irritation may not be set up. 4. In case of great prostration, two or three spoonfuls of good wine (Sherry or Port) should be added. 5. In those cases in which enemata are not retained, a few drops of tincture of opium should be added. He considers the "gynæcological" treatment as of great importance. Should there be inflammation, depletion will be useful. Scarification is recommended rather than leeches. Nitrate of silver to the portio vaginalis he does not consider very useful, and on this point he differs from Prof. C. Braun, of Vienna. Mayer's method of repression, by means of laminaria, he recommends. He has twice employed Copeman's method without effect. He looks upon artificial abortion as the only resort in some cases, and speaks of it as follows: In a case of uncontrollable vomiting, in which all means of treatment have been employed in vain, while the disease grows gradually worse and threatens the life of the patient, then the only "chance" of saving her is the interruption of the pregnancy, *i. e.*, artificial abortion must be induced; and, indeed, naturally, in view of the clinical symptoms, and of the height of the danger, the timelier this is done the more rational is the doing of it. Artificial abortion is thus carried out: After preparation of the genital organs by carbolized injections and dilatation of the cervix, he separates the ovum from the uterine walls by means of the uterine sound. He only ruptures the membranes when the process of abortion is delayed. In eight cases in which he has practiced this method he has never seen portions of the placenta retained, while the loss of blood has been but slight, in fact, less than in spontaneous abortion. Transfusion he looks upon as an open question.

Splenic Hypertrophy.

Dr. Lucas reports the following case in the *Medical Times and Gazette:*—

An emaciated and mal-nourished subject, fifty years of age, a Hindoo by caste, and a native of Nassick, came under treatment at Ahmedabad, on account of long-continued ague and diarrhœa, with abdominal enlargement and pain. The abdominal enlargement was of a year's duration. The patient was also troubled with cough, more especially at night. Pulse small and feeble; skin feverish; bowels irregular; appetite poor. The abdomen measured thirty-five inches in circumference at the level of the umbilicus, and ten inches from the umbilicus to the top of the ensiform cartilage, which, in the emaciated condition of the patient, was a great deal. The spleen was enormously enlarged, and the lower end of it could be felt very low down; there was distinct fluctuation in the abdomen, and indeed the appearance of the abdomen left little doubt as to its being distended by fluid. In the front of the thorax, beyond a slight harshness of respiratory murmur at left apex, there seemed nothing abnormal; over both bases there was dulness of the percussion note, especially on the right side, where the lung sounds were inaudible, and vocal resonance was increased; on the left side these signs were were not so marked. The expectoration was frothy mucus streaked with blood. The lymphatics in the groin, axillæ, and neck, and a few subcutaneous ones over the abdomen, were enlarged. Percussion and palpation of the liver were obscured by the presence of fluid in the abdomen. The consent of the patient having been obtained, the belly was tapped, and ninety-four ounces of fluid removed, and the abdomen supported with strapping. A mixture containing large doses of the muriated tincture of iron and sulphate of cinchonidine in infusion of chiretta was ordered; and the compound camphor liniment as an embrocation for the chest. The diet was liberal, with alcoholic stimulant. He left greatly relieved by this treatment, after a time.

Remarks.—In such a case, where dropsy aggravates distressing symptoms by the fluid pressing on important organs, such as the stomach, liver, lungs, etc., preventing the assimilation of food, causing an increasing serous effusion by pressure on the portal vein, pressure on the bile duct impeding the secretion of bile, and pressure upward against the diaphragm producing pneumonia, etc., we believe it is always a wise plan to operate and remove the fluid, and, if need be, re-tap. No harm could possibly be done with ordinary precautions, and very often, as in this case, considerable relief is afforded, and life prolonged.

Syphilitic Ulceration of the Conjunctivæ in Infants.

Dr. A. W. Calhoun writes as follows to the *Southern Medical Record:*

In the adult we are accustomed to seeing syphilis, in some form or other, take hold of almost any and every part of the body; and even in the infant, it is not unusual that the disease manifests itself secondarily in various ways; but it is so seldom the case that syphilitic ulceration takes place upon the mucous membrane of the eyelid, that I am induced to report the following history:

It is now eight years since Mr. A. J. M. contracted primary syphilis. The disease progressed uninterruptedly till a portion of the upper jaw and a part of the bones of the nose were destroyed, without, however, much disfigurement. Upon the supposition that he had been cured, he married four years ago, and in due course of time a son was born, who was, at birth, and up to the present remains, a specimen of robust health.

One year ago another son was born, who, from birth, has been a typical specimen of hereditary syphilis.* Copper-colored blotches first appeared over the entire body, then eczema upon the scalp, with enlargement of the cervical glands, then ulceration of the right pre-auricular glands. Two months back phlyctenular corneitis began, the phlyctenules running together and breaking down into deep corneal ulcers in each eye, causing the pain and photophobia, and other distressful symptoms so often met with in children with so-called "scrofulous sore eyes."

The eye disease had been in existence two months when the child came under my observation, and in addition to the extensive ulceration of each cornea, the following condition of the lid

*No attempt will be made here to explain why the first child was free from syphilis, and the second had it. The mere fact is given.

appeared: The left upper lid was swollen and angry-looking, and extended downward over and covered the lower lid. Upon everting the lid, a very characteristic syphilitic ulcer was found to occupy the centre of the conjunctiva, being near the size of a three-cent silver coin. It had the ragged and undermined edges, the dirty surface, and other marked appearances, which so readily distinguish the specific ulcer from all other varieties. Aside from the father's history and the general condition of the child, the ulcer itself left no doubt as to the diagnosis.

The little patient was immediately put upon anti-syphilitic treatment. Iodide of potassium was given, in two-grain doses, and gradually pushed to fifteen grains three times daily, with the happiest result. The sulphide of calcium was also given, in one-sixth grain doses, mixed with a little sugar of milk, for its alterative effect. As local applications, the sulph. atropia (gr. j to ℥ j) was used upon the eyes, for its curative influence upon the corneal ulcers, and an ointment of the yellow oxide of mercury (gr. ½ to ℥ j) applied to the edges of the lids, which had become excoriated by the profuse lachrymation. The eyes were kept as free from matter as practicable, but throughout the treatment no application was made to the conjunctival ulcer. The child has now been under treatment one month, and the syphilitic ulceration of the lid and every external symptom of the disease has disappeared, though the phlyctenular inflammation of the cornea still remains to a slight degree.

The history of this case is recorded, not because of the rapid recovery under this particular treatment, but because of its infrequent occurrence. In so far the case is of special interest. I have met with a few similar cases among adult hospital patients, but neither in a very large hospital experience, nor in a private practice of a good number of years, and comprising many thousands of patients, have I ever before seen the disease upon the mucous membrane of the eyelid, in the infant.

Strangulation of the Bowel.

Dr. J. Fielden Howard reports the following case in the *British Medical Journal:*

Mrs. C., aged 56, had during the forenoon two evacuations from the bowels, and afterwards went out to take tea with friends. The next day she recognized distension of the belly. Upon the following day (the second) when I saw her, she was moving about and complaining of distension and colicky pains. The next day (the third) I was called to see her; she had now great pain and vomiting. Upon examination, I was enabled at once to diagnose obstruction of the bowels. At the first, the distension seemed to be confined to the smaller bowels; but afterwards the larger were enormously distended, and their vermicular action most marked and frequent. Three or four weeks before death, the sigmoid flexure was greatly distended, and sharply defined by its immobility. There was no evidence from physical examination, either external or by rectum or vagina, the uterus being very movable, of the seat or nature of the obstruction. There was an account of antecedent uneasiness in the rectum, manifested by diarrhœa (so-called), and accompanied by a feeling of inefficient evacuation; but not of any bloody or mucous discharge, and the fæces were described as being lumpy and not small in calibre. During the whole course of the disease, the pulse varied both in force and frequency. The temperature was first normal, and then below normal; and the urine was excreted in proper quantity.

The treatment consisted of the total exclusion of solid food, which was very carefully followed out; unirritating injections; and the hypodermic injection of morphia, night and morning. This drug admirably controlled the vomiting and pain.

At the *post mortem* examination, the bowels were very much congested. A little lymph had very recently been poured out. The bowels were quite free as far as the upper part of the rectum, where it becomes bound down to the wall of the pelvis. Here the bowel seemed suddenly to terminate. Upon removing and opening the gut, there was an annular ring of ulcerated scirrhus, so tight that it supported the weight of three gills of water without leakage.

The interest of the case centres in the fact of disease of this grave character having progressed to complete obstruction without professional aid having been obtained; the apparent suddenness of the attack; the very little light thrown upon the nature of the case by the previous history; and the complete negative evidence of most frequent examinations of the rectum, both by myself and other medical men. I may add, that she was a woman of remarkable placidity of temperament. One sister had died of cancer of an ovary; another of cancer of the breast. She declined all operative procedure.

Electrolysis in Partial Trichiasis.

Some method of getting rid of individual cilia, without displacement of those in their immediate neighborhood, has long been a desideratum. We often see several hairs growing in a wrong direction on the lid border, the remaining cilia being in a perfectly normal position.

Ophthalmic surgeons have had recourse to one of the following methods for the relief of the above condition: Epilation, which is, however, unsatisfactory, as the irritation of the young hairs will most certainly increase the irritation, which the epilation for a time relieved; the second, or classical method, is snaring of the hair and turning its direction of growth outwards instead of inwards; but the snared hairs are very liable, sooner or later, to resume their previous vicious direction.

Mr. Arthur Benson, *British Medical Journal*, December 16, 1882, finding these operations unsatisfactory, has adopted the following plan: "To the negative electrode I attach a rather fine gold electrolysis needle, and insert the point of this to a depth of about four or five millimetres along the hair to be destroyed, so that its point should reach well above the root. I then applied the positive electrode to the lid near the outer canthus; contact was conveniently made by wrapping some wet cotton wool round the end of the wire. In a few seconds, the tissues immediately around the needle (negative electrode) began to show white, and soon a distinct bubbling of hydro-

gen gas could be observed. Half a minute or so, according to the strength of the battery, usually sufficed to completely loosen the hair; I then withdrew the needle, and the positive electrode, and with the fingers or forceps removed the hair. It should come away without requiring the slightest drag, and bring with it a gelatinous-looking mass of dead tissue. If the hair be not sufficiently loose, the needle must be reapplied for a few seconds. The amount of inflammation of the lid resulting is usually not great."

In 120 cases so treated no untoward result was seen.

The advantages which the doctor claims for his method, over epilation, snaring, or the actual or potential cauteries, are these.

1. Any individual hair can be destroyed without injuring those beside it.

2. The hair can be got rid of at once and forever.

3. Hairs of any length, strength, or position, can be treated.

4. By its early use, it will render unnecessary many of the more formidable operations on the lids, besides saving the patient much misery.

If applicable for the ciliæ, electrolysis should be equally applicable for the destruction of hair-follicles elsewhere, in moles, or hairy-faced females.

A Cure for Intractable Chronic Cystitis, and Confirmed Prostatic Retention of Urine.

In *The British Medical Journal*, Dec. 9, 1882, Sir Henry Thompson says: "I have long been anxious to discover a means of affording some permanent relief to those who suffer with severe and long standing prostatic diseases. I refer to a condition in which the patient, having for several years relied entirely on the use of a catheter for the removal of all his urine, finds the bladder becoming so intolerant of its contents, that the act of catheterism, at first perhaps employed but three or four times in twenty-four hours, must now be repeated, under penalty of unendurable torture, at least every hour or hour and a half. His time is indeed chiefly spent, both by day and night, partly in suffering from retained urine, and partly from painful catheterism for the sake of the temporary relief which it affords."

It is in these cases that he recommends the suspension of all action on the part of the bladder for a few days only, and to prevent any accumulation of urine within the organ, and thus allay the constant and painful want to pass urine. Abolish catheterism altogether, with its irritating effect upon the urethra: we might then hope that the inflammation of the bladder will subside and its tolerance of urine considerably increase.

In order to do this, he has recourse to the following proceeding: "First, placing the patient in the lithotomy position, under ether, I pass a grooved median staff into the bladder, and make, from the raphe of the perineum, a small vertical incision just above the anus, large enough only to admit the index finger—the incision to terminate in the staff at the membranous portion of the urethra, which should be divided for half an inch at most, so as to admit the finger to traverse the canal to the neck of the bladder. Then, having withdrawn the staff, I insert a large vulcanized catheter or tube, say about No. 20 (English scale), with its extremity just within the bladder, fastening it there by a tape to a bandage round the waist; the tube to be retained as a channel for the urine, for several days at least." Sir Henry has now performed this operation in ten cases, and with very gratifying results; he attributes the benefit to a temporary suspension of function in both the bladder and the urethra; in the bladder as a containing viscus, in the urethra as a channel or transmitting one. By means of the tube the urine leaves the body almost direct from the ureters, while the bladder and the urethra, being in a state of perfect quiescence, cease almost immediately to be inflamed; all muco-pus disappears, and the urine is discharged in as healthy condition as it leaves the kidneys. He removes the catheter on the 10th to 12th day, and allows the wound to heal.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Marine Hospital Service has published a "Preliminary Report on the Yellow Fever Epidemic of 1882 in the State of Texas." It is a pamphlet of sixty-three pages, containing a record of the correspondence, telegrams, etc., in connection with the subject.

REVIEW OF RECENT WORKS ON OTOLOGY.

The progress of Otology is upwards and onwards; for in all the medical centres, such as Vienna, Berlin, London, Philadelphia, Boston, and New York, the hospital patients with diseases of the ear are attended to by an aural surgeon, who is a member of the staff, and should be also a member of the medical school committee for the examination of students who are about to graduate. The profession (as well observed by an able London hospital surgeon) is on the eve of a new departure; for it is a growingly recognized fact, that such serious diseases as *pyæmia, abscess in the brain, some obscure forms of so-called rheumatic fever,* attended with *ulcerative endocarditis,* and many others—for the most part rapidly fatal disorders—have their starting-point in the ear.

Another Irish surgeon: states "Morbid conditions of the ear are closely allied with a variety of morbid states of other important organs, more frequently and especially the brain and nervous system. A correct understanding of these states must be in a sense dependent upon an accurate knowledge of aural therapeutical and pathological facts. Our powers of diagnosis in nervous and mental affections are largely increased and influenced by the correct appreciation of the etiology of the every-day occurring troubles in the ear.

Dr. T. Lauder Brunton of London, the well known able lecturer on materia medica and therapeutics of St. Bartholomew's Hospital, thus writes: "The serious results of neglected ear disease are now so generally recognized, that no one can feel himself thoroughly qualified to practice his profession without a knowledge of aural surgery."

The numerous published works on the ear and its diseases are an evidence that there is a demand for them by the regular members of the profession. We have now upon our table the following, published in 1881–82:

1. "Imperfect Hearing and the Hygiene of the Ear," L. Turnbull, M. D., third edition, Philadelphia, 1881 (as expressed by D. A. Hartman, of Berlin).

The author of this work has done much for the spread of otology in the United States.

2. "A Treatise on Aural Surgery," by H. M. Jones, M. D., Cork. Second edition, London, 1881.

This work has kept up the reputation of the Irish school of otology, and Dr. Jones is a worthy successor of the celebrated Sir Wm. Wilde, of Dublin.

3. "Die Krankheiten des Ohres und deren Behandlung," by Dr. Arthur Hartman, Kassel, 1881.

This is a valuable hand-book for beginners in otology, as well as for the use of the general practitioner.

4. "Lehrbuch der Ohrenheilkunde mit Einschluss der Anatomie des Ohres," von Dr. A. V. Tröllsch. Seventh edition.

The advent of this seventh edition of the work of the oldest and one of the most distinguished professors of the University of Würzburg, shows the importance attached to the study of this class of diseases in Germany; and no one has done so much to define the position of otology in the science of medicine. This work, published at Leipzig in 1881, compriseses 664 pages, corresponding to the ever-increasing development of otology.

5. Another work by this author has been recently translated by Dr. Green, of Boston, from the German ("Diseases of the Ear in Children," originally published as a part of "Gerhardt's Handbuch der Kinderkrankheiten"), published in New York, 1881, Wm. Wood & Co.

6. "Diseases of the Ear," by George P. Field. Third edition, London, 1882, enlarged, with colored plates.

A hand-book of a practical character.

7. "Lehrbuch der Ohrenheilkunde für Practische Arzte und Studirende," von Dr. Adam Politzer, K. K. A. O., Professor der Ohrenheilkunde in der Wiener Unversität Stuttgart. Verlag von Ferdinand Enke, 1878.

Politzer's text-book on the "Diseases of the Ear and Adjacent Organs," for students and practitioners. Translated at the request of Professor Politzer and edited by James Patterson Cassell, M. D., M. R. C. S., aural surgeon and lecturer on "Aural Surgery" at the Glasgow University. With 257 original illustrations, two volumes in one, 800 pages. Bailliere, Tindall and Cox, London; Philadelphia, H. C. Lea & Co., 1883.

Dr. Adam Politzer, a distinguished aural surgeon of Vienna, has done much for this department by his numerous scientific investigations of the physiology and pathology of the human ear. From 1862, in which year he published his first investigations and experiments with "Lucœ" or the origin of a certain crackly sound in the ear, and determined that it was not in the tendon of the tensor tympanic but in the eustachian tube, up to the present day, when he has issued his completed work, his labors have been most important, and the value of his work is best seen by the numerous extracts from his writings by every otologist who has written on the diseases of the ear. As evidence of the above, in a work on this subject published in New York in 1873, it has fifty quotations from his writings.

It is no wonder then that this work, in two volumes—the first issued in 1878, and the second in 1881—was looked for with much interest by the profession; and much satisfaction is felt that so able an aural surgeon as Dr. Cassell was willing to undertake the labor of translation, with his extensive practice. The work has been accomplished both to credit of the author in providing such a valuable text-book, and to the translator too much praise cannot be given for the manner in which he has performed his part and given us a work in flowing, readable English, and most careful wording of the authors methods and treatment, by one who has worked in the laboratory with his distinguished teacher.

A full review of this work would occupy too much space, and nothing less would do it justice; and we would simply state in conclusion that it is unnecessary to say anything more in regard to the reliability and efficiency of the author. He is an authority wherever the science of otology is known. Every physician should have this most valuable and interesting work.

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SHALL PHYSICIANS LEARN ANATOMY OR NOT?

For ages, in most countries, the position of the physician so far as regards his anatomical studies, may be said to have been between the devil and the deep sea.

On the one hand, the demands of the public and the law of the land hold him responsible for an intimate knowledge of the human body and its workings; on the other hand, all sorts of obstacles are thrown in the way of his acquiring that knowledge. Vivisection is discountenanced, and his supply of anatomical material is either wholly cut off, or so limited that he cannot by any legal means provide sufficient for his own instruction.

We pronounce openly and boldly against this injustice. We denounce as absurd and discreditable to civilization the superstition which refuses a free supply of anatomical subjects for dissecting purposes. We brand as infamous the laws which on the one side subject surgeons to heavy damages for malpractice, and on the other withhold from students of surgery the only means by which they can acquire their knowledge.

Such laws can only have one of two results—to produce ignorant charlatans, or to lead to the obtaining of subjects for anatomical study by irregular means.

Which is the worse of the two? From which would the community suffer the most?

Undoubtedly, from the former.

Superstitious veneration of corpses is absurd and degrading. Bentham was bold and enlightened enough to leave his by will to be dissected. What nobler use could it be put to? To be eaten by worms? To decay in a close coffin?

There is a sentiment about sepulture which is commendable. The right of property in a corpse, and the prevention of trespass on a burial lot, are points that should be recognized. But far wider latitude should be allowed in the obtaining and the shipping of bodies for anatomical purposes.

Under safeguards which could be easily arranged, the supply of subjects could readily be increased tenfold, and that would more than fill all the demand.

All violation of graves could be avoided by a

more liberal recognition of the purchase, sale, and transportation of bodies. The only reason why this liberality of action is not conceded, arises from superstition and prejudice. It is a survival of the time when men mummied and worshiped the dead bodies of their kings and ancestors. It is unchristian, it is unenlightened.

Christianity condemns and rejects this worship of the dead body. To the Christian the body is noble only as it is the house of the soul. The soul once gone, the corpse is as nothing; it is the exuviæ, the cast-off or worthless garment, of no honor, of no worth.

In view of circumstances which have recently happened in this city, in Richmond, in Montreal, and other American cities, we appeal to the profession and the community to maintain the ground of science, philanthropy, and Christianity, and not to be cowed by the clamor of the ignorant.

Graves have been opened, and bodies secretly carried off to the dissecting-room—so it is said. Be it so. The majesty of the law has been violated, the feelings of relatives wounded.

Grant all this. We deliberately reply that if by the increased knowledge thus obtained one single important life has been or will be saved, if one poor, suffering human being has been or will be spared the agonies of disease and released from the rack of pain to return to useful life, it is worth the digging up of a whole graveyard of corpses.

The law is majestic when it is enlightened, and when it favors knowledge and beneficent studies; not when it opposes them. Sentiments are contemptible when they stand in the way of relieving pain, or make one blind to its presence. "Madam," said Dr. Johnson to a lady once, who was entertaining him with her sentimental sorrows, "Madam, are you aware that it is estimated that there are on the average seven persons in London who are dying of starvation?"

The position that the profession has taken in this matter has not been brave, and that which the institutions interested have assumed has been little better than cowardly, if we are to take as true what the newspaper interviewers report of their talk with trustees and professors.

It is the duty of the profession to beat down this superstition about dead bodies, to discourage all foolish sentimentality, to uphold the importance and propriety of post-mortems, and to insist on the necessity of an abundance of anatomical material. A medical college which takes a student and does not furnish him an ample supply of dissecting material, is a fraudulent institution, and will prove an injury and a discredit to the whole chapter of colleges, and to the profession at large. To try to shift the responsibility on any one man is cowardly and contemptible. For the others to plead ignorance convicts them either of falsehood or neglect of duty.

We say, let the profession and the colleges insist on their right to the material indispensable to professional instruction, and insist upon laws that will concede it.

FILTH DISEASES.

It seems strange that it should be so difficult to impress the average man with the great influence that filth has in producing disease.

Every one who knows anything about sanitary science, realizes, or at least says he does, that cleanliness is truly next to godliness, that purity both of body and of surroundings is very conducive to health, while the opposite condition is productive of disease, of the most serious and fatal diseases with which poor human nature is afflicted.

Yet, while admitting this well-established fact, those who ought to know and do better, fail to put its significant teachings into practice.

Why this is so, we candidly confess we are unable to divine.

Why the thoroughfares of our large cities are allowed to remain so filthy, and why the average citizen is so sparing of soap and water and of general cleanliness in all his surroundings, is perfectly inconceivable.

It may be that those who devote themselves in an especial manner to matters of sanitation, view the question from a prejudiced standpoint, and feel that all should have the same feelings that they have.

But this (even granting that such a criticism is made) is not a reasonable one.

The value of cleanliness and the dangers of filth have been so repeatedly, so forcibly, and so practically placed before the public, that they cannot, in justice, argue ignorance of its value, or claim that they do not realize the danger of neglect, unless they admit that they are unthinking and unreasoning beings.

The expense of cleaning a city is no valid excuse. In Philadelphia we have now expended some $10,000,000 for the partial and uncompleted erection of buildings for the use of the officers of the city, whose duties could have been performed just as well, and probably better, in buildings costing only one-twentieth as much; yet when a competent party offers to take the contract for cleaning the city for five years at $500,000 per year, expending some $200,000 for new and approved machinery, but little interest is manifested in his offer.

The relative value of the two expenditures to the public and to the material wealth of the city cannot be compared; the one is so infinitely greater than the other, that they do not admit of comparison.

A few days ago, before a meeting of a committee of Councils, Dr. John M. Keating said that in his travels in China and India, he had noticed that the most offensive form of house drainage was exposed to the air, and was in Bombay collected every day and removed into the ocean. In these countries he had found that such diseases as diphtheria and typhoid fever were practically unknown.

Do let us sink our apathy in this all-important matter of personal and public health; let us cast aside our national and ridiculous egotism; let us remember that as a nation we are very young, inexperienced, and immature, great though we may be in natural resources; and so realizing, let us take example from older and more intelligent countries, where, having instructed the masses in hygiene, sanitarians have been able to demonstrate by facts—solid, indisputable facts—the powerful influence of hygiene and pre-eminently of cleanliness, in not only reducing the death-rate, but in actually increasing the personal and general wealth of the inhabitants and of the nation.

QUARANTINE AGAINST SYPHILIS.

Of all the contagious diseases, syphilis undoubtedly heads the list.

We have quarantine regulations against smallpox, yellow fever, and the like; but syphilis is left to regulate itself.

That this is wrong, every man who stops for a minute to reflect, will perceive.

We should have a system by which immigrants who exhibit decided evidences of what is by far the most serious and fatal disease known to our profession, might be secluded until the evidently active poisonous condition of their systems has been modified.

We realize the indefiniteness of our knowledge concerning syphilis; but we do know that it is an eminently contagious disease, as much so as any other, and that its source of contagion is not limited to impure sexual intercourse, but may be due to any contact of any abraded or absorptive surfaces.

So realizing, we must confess that this dread and terrible disease calls imperatively for the strictest quarantine regulations.

OUR DRINKING WATER.

At the present time we have a great deal of sickness in our city, and at the present time our Schuylkill water is an abomination to every sense—of smell, taste, and sight.

The Chief Engineer of the Water Department is having a wrangle with Councils, and the people are suffering. It is all very nice to talk about the influence of oxygen in purifying water, and to make the statement that water purifies itself; but we cannot help but believe that water that receives human refuse and mill waste and then flows for even three miles without further contamination, must be unfit for drinking purposes.

While it will be very difficult to work a radical change in our water supply, each individual has it in his power to do away with the injurious

effects of drinking impure water by a very simple and inexpensive device.

First *boil* and then *filter* all your drinking water, and you can laugh at disease from impure water.

SMALL-POX IN BALTIMORE.

We sounded the warning some time since that small-pox was approaching from the southwest; it has now reached Baltimore, in which city it is raging so severely as to seriously interfere with business. The people blame the health authorities for not having taken proper precautions, while in truth the people themselves are to blame for neglecting the only precaution of great practical value against small-pox, namely, vaccination. The city has appointed eighty additional health physicians, and the School Board twenty more. A law making vaccination compulsory has been passed. On New Year's Day over 300 prisoners were discharged from the city jail lest they might catch the disease. All this is very good, but it seems like locking the stable-door after the horse is gone. Let *us* take warning—advise all your patients and all your friends to be vaccinated at once, no matter how recently it may have been successfully performed. With pure material it is a trifling and harmless operation, and may be the means of averting a world of misery.

NOTES AND COMMENTS.

Gouty Tumor of Penis.

At a recent meeting of the Glasgow Medico-Chirurgical Society (Glasgow *Medical Journal*), Dr. H. C. Cameron related a case in which there was a hard little tumor situated between the dorsal and right lateral aspects of the penis, about an inch from the pubes. It caused no pain except during erection, when there was always severe pain in the part, and the penis became distorted and bent at a sharp angle. He had seen one other similar case.

Iodoform.

The *Medical Times and Gazette* says that Dr. Langsteiner reports a case of iodoform poisoning. The patient, an octogenarian, was operated on for submaxillary cancer, and about one drachm of iodoform was used as an antiseptic dressing. Death ensued in six days, the prominent symptoms being cerebral.

Dr. Benzan reports favorable results in six cases of diphtheria treated by local applications of finely-powdered iodoform by means of a small camel's-hair brush.

Function of the Bile.

Generally the opinion has been adopted, that the bile possesses an anti-fermentative action. Dr. F. Röhmann (Breslauer ärzsl. Zeitsch, 1882, No. 7) has specially investigated this subject. He had two dogs with a fistula of the gall-bladder; to both he gave for their food nothing besides meat, and he found the fæces grayish-white, dry, easily broken-up, and consisting mainly of inorganic substances. In the urine of neither could be noted any increase of ethereal sulphuric acids, a fact which undoubtedly could have been observed in the intestinal canal in case putrefaction had been augmented. A third dog with a fistula of the same kind continued in a normal condition when fed for a long time with toasted white bread; but as soon as he was put on an exclusive meat-diet, diarrhœa set in, which happened also when fat was added to his food. The fat under such circumstances is not absorbed, but is found again in the fæces, and mainly in the form of soap and free fatty acids.

Electricity as a Cardiac Stimulant.

Professor Von Ziemmsen has given us some valuable information on this subject. According to his researches, the induced current has no influence whatever on the force or frequency of the cardiac contractions, while the continuous or battery current distinctly affects them.

The Importance to be Attached to Karyokinesis.

In a similar manner as Killiker and Altmann, so also Dr. N. Uskoff (Arch. f. Mikrosk. Anat., xxi., p. 291) has made use of the presence of Karyokinetic figures in embryones to form deductions concerning the greater or smaller share the parts had on the general growth of the objects examined. Wherever there are no cells found with karyokinetic appearances, the tissue does not proliferate; and in case growth takes place notwithstanding, it can, according to U's view, only do so by increase of the volume of the single cells or by minute accretion to the intercellular substance, or lastly cells developed somewhere else, immigrated to the tissue. The younger the embryo, the more rapid that phases of karyokinesis runs its course, which is characterized by the rod-and barrel-shaped figure.

To judge from the investigations made so far, karyokinesis evidently plays an important role in the earliest growth of the component parts of an embryo, *i. e.*, while not influencing the type or the form of the tissue, which has to be traced to the nerve-cells, it evidently is necessary for the normal growth and further development of each tissue. The figures do not change with the nature of tissue involved but, seem to depend upon the earlier or later stage of development.

Chemistry of Acute Yellow Atrophy.

That we have known always so little of the chemical change taking place in the organs mainly affected in acute yellow atrophy of the liver, is due, we think, to the fact that the disease is really a rare one, and mostly observed in pregnant women only, and occasionally after nervous shocks or in syphilis. Prof. Lewin had recently in his clinic a case of this fatal malady, and Dr. E. Salkowski has taken the trouble to make a chemical examination of the liver, spleen and kidneys, to find out their percentage of pepton and hemi-albuminose (Centralbl. f. d. Med. Wissensch. 1882, 41). The percentage in these organs, twenty-four hours after death, was as follows.

	Pepton.	*Hemi-albuminose.*
Liver	2.51.	0.36.
Spleen	2.39.	0.48.
Kidneys	1.80.	0.20.

A few more similar investigations, and we shall soon know more of the actual pathology of this still rather obscure disease than we can boast of so far. The malady is usually so rapidly fatal that it is difficult to arrive at correct conclusions. For the details of the analysis, we refer to the original: Virchow's Arch. lxxxviii. p. 394.

Cirrhosis of the Liver.

If cirrhosis of the liver were solely due to great increase of areolar tissue starting from the branches of the portal vein or the interacinose capillaries, the central hepatic vein would have to be found invariably in the middle of the little islands of liver-cells. This, however, is usually not the case; on the contrary, the branches of the hepatic vein are generally met with in the middle of the new-formed areolar masses. While examining several recent cases of beginning cirrhosis, Dr. Ch. Sabourin (Du rôle, que joue le système sus hepatitique dans la topographie du cirrhose du foie. Revue de Med., 1882, p. 465) found that the development of areolar tissue started as much or even more from the neighborhood of the hepatic veins than from that of the portal branches; both systems of rapid morbid increase of intercellular tissue anastomose in manifold ways, and divide in this manner the liver-acini in fragments; these fragments of the hepatic acini form the hobnails" of cirrhosis, and we know now the cause why they do not contain a central vein.

We have, therefore, to assume that in cirrhosis of the liver in a large number of cases the morbid new growth of areolar tissue does not start alone from the neighborhood of the portal branches—inter-acinose—but also from that of the branches of the hepatic vein, therefore—intra-acinose (Cirrhose Circineusse).

Acute Pneumonia an Infectious Disease.

We have during the last six months frequently taken occasion in the *Medical and Surgical Reporter* to mention every kind of evidence going to prove that acute lobar pneumonia is an infectious disease, which should be classed amongst the infectious fevers. To-day we again have the opportunity of doing so. A not less careful investigator than C. Friedländer (Virchow's Arch. lxxxvii. p. 319) examined the lungs of eight cases of fibrinous pneumonia, and found in all of them micrococci, having nearly the same size and shape in every case alike. They had a somewhat ellipsoid form, and were met with mainly in the fibrinous props of the bronchi and the alveoles; and also in the lymphatic paths.

Ligation of Common Carotid Artery.

A patient, age 30, was admitted into hospital with scarlet fever. The case progressed towards convalescence in the usual way, until on one day the patient complained of sore throat. The throat, particularly on the left side, became much swollen, accompanied by a feeling of suffocation. Soon after, the patient brought up a considerable quantity of blood, when the swelling and difficulty of breathing subsided. The alternate enlargement of the neck, hemorrhage and subsidence of the swelling, were repeated several times, until the patient's condition became critical, he having lost forty ounces of blood in all, and there was no sign of arrest of hemorrhage. There was considerable bulging of left side of pharynx, dyspnœa, and aphonia. Mr. A. J. Pepper (who reports the case in *The Medical Press and Circular*) tied the left common carotid artery at the upper border of the omo-hyoid muscle; carbolized catgut was used, and the operation performed antiseptically. For a time, respiration threatened to fail; but he rallied in three or four hours, and made an uninterrupted recovery.

Treatment of Fracture of the Patella.

In five cases Dr. J. English has found the following procedure most successful for the cure of fracture of the patella. He forms a Petit's boot by applying bandages of plaster of Paris and oakum, so that boot and extremity form one solid whole. The broken parts are approximated by a double-headed gutta-percha or flannel roller, so that both heads cross as well above as below in the bend of the knee. The fragments did not heal alone much sooner, but also more perfectly than he had ever seen by any other method. It is by all means rather remarkable, that nobody before should have made use of such an immovable bandage as that of gypsum for fracture of the patella, and English's procedure surely merits a thorough trial by our surgeons also. (*Wien. Med. Blätter*, No. 14.)

To Disguise the Odor of Iodoform.

We have had many queries as to how this may be best accomplished; we therefore give every reliable report on the subject. The following is from the *New York Medical Journal and Obstetrical Review*: "Having tried nearly all the devices that have been suggested for mitigating or disguising the odor of iodoform, and found them all of little or no avail, we have lately come nearer to the object by using oil of eucalyptus according to the following formula:

℞. Pulv. iodoform, ℥ss
Eucalypt., ℥ss
Vaselin, ℥iv.
M. ft. ungent.

This ointment is not without odor, but the odor is not that of iodoform."

Local Therapeutics of Liver Diseases.

According to the experience of Dr. F. Mosler and his pupils (*Deutsche Med. Wochenschrift*, 1882, No. 16), the introduction of water into the bowel (by funnel and tube) caused a decided alteration in the secretion of the liver, by augmenting the percentage of water in the bile and reducing that of the solid constituents. Medicamental additions to the water, especially of salicylic acid and its salts as well as of iodide of potash, are excreted partially again by the bile. This manner of influencing the function of the liver, locally, does not recommend itself alone for icterus catarrhalis, for which it has mainly been made use of for some time already, but also in other diseases of the liver, as for instance in interstitial and suppurative hepatitis, and perhaps also in gall-stones, where, if early and frequently administered, these water injections, with or without the addition of appropriate remedies, may be able perhaps by augmenting the percentage of water in the bile and reducing that of its solid component parts, to dissolve them, or to keep the bile at least in such fluid state that the reformation of the stones would be prevented, and at last such a change produced in the chemical composition of the bile, that we might speak of a radical cure of gall-stones.

CORRESPONDENCE.

Bovine vs. Humanized Virus.

ED. MED. AND SURG. REPORTER:—

In the *Reporter* of Dec. 25, I notice in an article under the caption of "Bovine vs. Humanized Virus" the surprising (to me) statement that "Since the old mode of vaccination with the human crust has been supplanted by the bovine lymph, the difficulty of producing vaccinia has increased ten-fold!!" Now I think the new way a decided improvement over the old, and I cannot conceive how any one can fail habitually in primary cases, if a moderate degree only of care is exercised. In Jan. and Feb. of the present year, I vaccinated one hundred and ninety-three "primary" without a single failure. The material used was partly powdered crusts and partly the contents of lymph tubes procured from J. L. and L. F. Suesserott—the only implement a "vaccinating comb" with which the scarifications were made. I always scarified until about a drop of blood collected on the region to be operated on, then if crust was used, a minute portion was mixed with the blood and well rubbed into the wound with the reverse end of the comb.

I also had a number of cases like the following, (and who has not?) They had been vaccinated when children, since which time repeated and recent attempts had been made, but it would not "take." In this class of cases so far as heard from I did not have a single failure. I think the most usual cause of failure is in not scarifying deep enough, and too close attention to directions on packages of vaccine material, viz: "If a drop of blood flows, wait and wipe it off." In none of the cases coming under my observation was there any sloughing, erysipelas, convulsions, or a single case of "scrofula," or eczema. I think this old custom, like many others, is like old china, valuable only because of its age, but is unsuited to present use.

J. W. MCCAUSLAND, M. D.

Bryan, Ohio, Dec. 26th, 1882.

Digital Assistance in Labor.

ED. MED. AND SURG. REPORTER:—

I beg to add my testimony of the value of digital assistance during the first stage of labor, as described by Dr. Gillette in Gynæcological Society *Transactions*, and noticed by you in No. 19, page 520.

It was almost a secret among many of the older obstetricians practising in the country districts of England, and many a lady would say, "I prefer

Dr. A., he helps me so much, whereas Dr. B. sits and does nothing."

During the past thirty years I have attended over four thousand cases, and I know that it has shortened the labor and saved me the trouble of using the forceps in a majority of cases, and it will bring on uterine contractions when ergot will not. With a rigid, slow dilating os, the extract of belladonna, smeared on the fingers, will work like a charm.

The same can be said of the perineum. I have often succeeded by digital manipulation, and plenty of adeps, in dilating, when I know otherwise I should have had a ruptured perineum. I have yet to record the case where I have had to use sutures; little rents will occur, but with the above treatment very seldom.

JOHN UNDERHILL, M. D.

Hamilton, Ohio, Nov. 23d, 1882.

Turpeth Mineral and Calomel in Laryngitis—Iodide of Potassium.

ED. MED. AND SURG. REPORTER:—

There are many things worthy of remembrance which daily occur to us as practitioners, which we do not communicate to the journals because we suppose they may not be sufficiently new or remarkable; but which nevertheless may be instructive to many readers.

In your issue of Nov. 11th, I notice two articles in regard to the use of two important remedies, in both of which I have had corroborative experience. One relates to the use of Turpeth mineral in larynigitis. I have used this medicine in croup for near forty years, and consider it one of the most reliable remedies in that disease. It is the most prompt emetic I know of, and has the effect of producing a speedy and large secretion and expectoration of mucus, which often at once arrests the disease. If given early in attack, it is often all that is needed. If given later, it is often successful. But it is not to be relied on alone in cases where the disease is confirmed. In this case emetics can only occasionally be given—once in 3 or 4 or 5 hours. The strength must be husbanded, nutriments must be carefully administered and allowed to continue on the stomach. And now a slower process of relieving the congested lining of the larynx and trachea and separating the plastic exudation must be relied on. Above all the means which I have seen used, calomel is the most reliable—given with a minute portion of ipecac in doses of from a half to one grain every hour or so. A very little soda bicarb. may also be added to the powders. In addition to the above, the patient should constantly inhale warm vapor. The steam generator should be in constant operation at the side of the bed, and the head so hooded as to keep the vapor over the nose and mouth. With these means, Turpeth mineral, calomel and steam, and keeping up the patient's strength by nutriment and sometimes stimulants, I have saved a number who I think would otherwise have perished. Some have recovered after a week of anxious care. Of course the effect of the remedy on the mouth, bowels, etc., needs watching.

It has been known to many for a long time that some patients cannot take iodide of potassium. This is stated in the old editions of the "United States Dispensatory," and in Stillé; not so fully in the recent work of Wood. I had prescribed it for many years without noticing any unpleasant effects, when one day I ordered ℥j. of the salt to be added to ℥iv. of infusion of gum guaiac., to be taken in divided doses, by a rather nervous man who had a recent attack of lumbago. A few hours after I was sent for in great haste, and found my patient running about the house in great distress, his eyes weeping and red, with his hand to his throat, unable to speak but in a whisper, and saying that he felt as if he would choke to death. At the same time his nose was stopped, and he felt a distress as if he had been poisoned. He had not taken more than 8 or 10 grs. of the medicine, but thought that he felt worse at every dose. I gave him some morphine, applied a warm pack to his neck, and had him inhale warm vapor.

Finding my patient's symptoms to correspond so nearly with those noticed in the works I have referred to, I thought it very fair to attribute them to the iodide of potassium, and I would be much afraid to give the same person the medicine again. Since then I have met with asthmatic and bronchial cases where the same idiosyncrasy was manifested. It is therefore wisest to begin the administration of this most valuable remedy somewhat tentatively. A. W. ROGERS, M. D.

Paterson, N. J.

A Case of Cataract with Complications.

ED. MED. AND SURG. REPORTER:—

On October the 9th, while practising at Red Wing, Minnesota, I was called out to the Goodhue County Poor House, situated three miles outside the city, to examine Edward Bean, a tramp who had recently been admitted and who could or would give no clear account of himself. I found a stout, well built, dissipated-looking Irishman, who gave his age as fifty-six and occupation laborer. He complained of vague pains in all parts of the body, headache, dizziness, and ringing in the ears. I had received no intimation that the man was blind or nearly so, but my attention was immediately drawn to his right eye, the pupil of which was dilated to such an extent that only the narrowest rim of iris was visible, while in the left the opposite condition presented itself, the pupil being contracted to the size of a small pin-head. Closer inspection revealed opacity of both lenses, vision in the left eye being limited to the bare perception of a strong light, while with the right he could distinguish objects, but not their forms. The extreme dilatation of the pupil of the right eye was not caused by the use of atropia, as I first thought, nor would the iris of the left respond but feebly to this drug; for though I repeatedly instilled a four-grain solution and afterwards an eight-grain solution, the dilatation was slight, but perfectly even, showing there were no iritic adhesions. There was further (in the left eye), an enormous collection of aqueous humor, a real dropsy, so to speak, pressing the lens backwards and giving rise to extreme tension. This may have been partly the cause of the iritic sluggishness. Having decided to operate on the left eye, I at once put my patient on quinia, whisky, and a generous diet, and on the 15th I proceeded, assisted by Drs. Leininger and Mogstad, to extract

the lens. Dr. Mogstad, who examined his heart, having found that organ diseased, we decided to use ether in preference to chloroform; but he took it badly. For several minutes (at least so it appeared to us) there was cessation of breathing with opisthotonos, only the back of his head and his heels touching the table, while I could have crept under his back. I at once removed the ether, and under protestation of the other physicians, pushed chloroform, until his muscles relaxed and respiration returned. When completely anæsthetized, I found, after separating the eyelids, that the superior rectus was spasmodically contracted, drawing the eyeballs upwards and hiding the entire cornea under the upper lid. The proper thing to have done under these circumstances would undoubtedly have been to make the incision in the lower margin of the cornea and extract downwards; but becoming somewhat excited, I pulled the eyeball forcibly downward with a pair of forceps and held it there while I made my incision, as is customary with most operators, in the upper margin, excised a large piece of iris, ruptured the capsule, and pressed out the lens. There was, as far as I could observe, no escape of vitreous humor, but the removal of the lens, together with the excessive amount of aqueous humor, caused the eyeball to collapse and almost disappear in the orbital cavity. It was perhaps the most bungling operation which has ever terminated successfully. I hurriedly closed the eye, after having instilled a few drops of a saturated solution of boracic acid, and bandaged it firmly, giving orders that the patient must remain quiet on his back. Returning in five hours, I found that there had not only been no pain, but what was still more gratifying to me, the eyeball had regained its natural rotundity, and the patient could, by the aid of a three-inch lens, see my hand. The wound healed readily without any suppuration, and the cornea remained perfectly clear. The after-treatment consisted in the daily instillation of a saturated boracic acid solution. His blind eye is now useful, though vision is far from perfect, owing, I believe, to retinal disease.

I report this case, which may present nothing that is of any particular interest to the specialist, but certainly will prove instructive to the general practitioner or tyro in ophthalmic surgery like myself, if it only reminds him that, when there is spasm of the superior rectus, he does not repeat my mistake, but extracts downwards. This is my fourth cataract operation, with one failure.

JOHN C. SUNDBERG, M. D.

Seattle, W. T.

Hives.

ED. MED. AND SURG. REPORTER:—

Can any of your readers give me any information concerning *hives?* I have now a case under my care of a most aggravated nature, the swelling in some instances involving very large areas; the penis, scrotum, eyelid, and almost every portion of the body, has been in turn invaded. A history of dyspepsia or profound impression of the nervous system usually precedes the commencement of an attack. I have looked through the "*Reporter*" since 1858, and can find no reference to *Hives*. My patient has been under the care of many distinguished physicians, and has taken all kinds of drugs, without any benefit whatsoever, the *hives* always remaining until they were ready to go away of themselves. J. E. F., M. D.

New York.

Another Remarkable Family.

ED. MED. AND SURG. REPORTER:—

In your journal of November 25th, Dr. Morrisson, of Maryville, Mo., gives an account of a family of nine children born within a space of eight years, and asks: Who can beat this?

A family recently lived in this place in which fourteen children were born within sixteen years. There were two pairs of twins; all the rest were single births. Eight of the children were born within seven years. W. H. HARWOOD, M. D.

South Malone, N. Y.

NEWS AND MISCELLANY.

Bogus Diplomas.

The editorial in the Boston *Medical and Surgical Journal* upon free trade in diplomas is rarely interesting, and shows that though the medical colleges may often turn out incompetent men, they are in many instances supported by defective State laws. The public are loud in their denunciations of doctors and medical schools; whereas, if microscopical examinations were made of facts, it would be ascertained that those quacks who are at the head of bogus colleges are frequently in collusion with our State Senators, Representatives and other leading men. To think, though, that Massachusetts should be guilty of such high-handed villainy, and that *Boston*, the "hub," the centre of "culchaw," refinement, intelligence and numerous other virtues, the place of all others, should foster such an institution, is almost too much for us benighted beings to believe. Yet this is all true, and the worst is that the rascals are at large—protected by the State.

The S. D. Gross Professorship.

At a recent general meeting of the resident Alumni of the Jefferson Medical College, held at the College of Physicians, Philadelphia, the following resolutions were unanimously adopted:

Resolved, That, in appreciation of the great services of Professor Samuel D. Gross to medical teaching in this country, a memorial professorship be founded, to be known by his name.

Resolved, That a Permanent Committee of five be appointed, with power to increase it to a number not exceeding nine.

Resolved, That an Auxiliary Committee be appointed by the Permanent Committee, subject to the approval of the Executive Committee, formed of non-resident alumni.

Resolved, That all vacancies in either committee shall be filled by the Permanent Committee, subject to the approval of the President of the Association.

Resolved, That the Executive Committee shall appoint as Trustees of the Fund for the S. D.

Gross Professorship of Pathological Anatomy, a reliable trust company in the city of Philadelphia. That when, in the opinion of the committee appointed by the Executive Committee of the Alumni Association, the sum be sufficient, a professorship shall be endowed on such terms as may be agreed upon by a sub-committee of equal numbers of the Executive Committee and of the Faculty of Jefferson Medical College, in such a manner as will best attain the objects proposed by these resolutions.

Not only the graduates of the Jefferson College, but all American surgeons, will recognize in this action a most fitting tribute to a distinguished colleague—to one who has contributed more to the glory of American surgery, and to the advancement of solid medical education in this country than any other living member of our profession.

The chairman of the committee is Dr. Richard J. Dunglison, who may be addressed P. O. Box 2386, Philadelphia.

Luxation of the Jaw.

The *Boston Journal of Chemistry* is responsible for the following: The late Professor Gibson used to tell a good anecdote in regard to luxation of the jaw: "An old and quite wealthy man came into the office of a surgeon, with a luxation of the jaw, and made motions to have it reduced. The jaw was reduced, and on being asked the fee the doctor mentioned an amount which the man regarded as entirely too much, and insisted on its being reduced one-half. The surgeon said no more about the fee, but began to talk, and pretty soon told a laughable story. The man began to laugh heartily, and out went the jaw. He again made signs to have it reduced, but the doctor said, 'When you pay down my fee, I will put in your jaw.'"

Watermelon Sugar.

A man in Georgia is experimenting with watermelons for the purpose of extracting sugar. His experiments so far, in a small way, induce him to believe that a fair lot of melons contain an average of seven per cent. of saccharine matter, or pure sugar. He estimates that on one acre of good land, suited to their growth, 34,500 pounds of melons would grow, and these would produce, at seven per cent. of saccharine matter, 2415 pounds of sugar, and worth, at ten cents, $241.50. If this calculation prove correct, our neighboring State of New Jersey, so well calculated for the growth of watermelons, would find the basis for an enormous industry.

The Digestibility of Oysters.

We take the following from *The Proceedings of the Medical Society of the County of Kings.* "Why oysters should be eaten raw is explained by Dr. William Roberts in his lecture on "Digestion." He says that the general practice of eating the oyster raw is evidence that the popular judgment upon matters of diet is usually trustworthy. The fawn-colored mass, which is the delicious portion of the fish, is its liver, and is simply a mass of glycogen. Associated with the glycogen, but withheld from actual contact with it during life, is its appropriate digestive ferment—the hepatic diastase. The mere crushing of the oyster between the teeth brings these two bodies together, and the glycogen is at once digested without any other help than the diastase. The raw, or merely warmed, oyster is self-digestive. But the advantage of this provision is wholly lost by cooking; for the heat immediately destroys the associated ferment, and a cooked oyster has to be digested, like any other food, by the eater's own digestive powers.

"My dear sir, do you want to ruin your digestion?" asked Professor Houghton, of Trinity College, one day of a friend who had ordered brandy and water with his oysters in a Dublin restaurant.

Then he sent for a glass of brandy and a glass of Guinness's XX, and put an oyster in each. In a very short time there lay in the bottom of the glass of brandy, a tough, leathery substance resembling the finger of a kid glove, while in the porter there was hardly a trace of the oyster to be found.

National Association for the Protection of the Insane.

The National Association for the Protection of the insane and the Prevention of Insanity will meet on January 25th, at the Hall of the College of Physicians, at Thirteenth and Locust streets, in this city.

New York Post-Graduate School.

The New York Post-Graduate Medical School has thus far met with gratifying success. The second term opened January 8th, 1883, and continues until April 28th without intermission. It is hoped that, with its enlarged accommodations, improved facilities for instruction, and increased corps of teachers, it will meet with still greater success.

Smallpox on River Boats.

The steamboats on the western rivers have been in many instances centres of smallpox contagion. To guard against this, the United States Marine Hospital Service has published a circular requesting masters of steamboats to cause their crews to be vaccinated, which will be done by the officers of the service without expense. Directions are also given for fumigating and purifying the vessels.

The Philadelphia Polyclinic.

The Philadelphia Polyclinic and College for Graduates in Medicine presents the following faculty of specialists in medicine and surgery; Dr. R. J. Levis, operative and clinical surgery; Dr. T. G. Morton, orthopædic and general surgery; Dr. J. S. Cohen, diseases of the throat; Dr. J. C. Wilson, disease of the chest; Dr. William Thomson, diseases of the eye; Dr. J. B. Roberts, surgical anatomy; Dr. C. H. Burnett, diseases of the ear; Dr. M. Longstreth, pathology; Dr. C. K. Mills, nervous diseases; Dr. H. Leffmann, chemistry; Dr. A. Van Harlingen, diseases of skin; Dr. E. L. Duer, diseases of women and children. A clinic will be shortly organized for the gratuitous treatment of the sick poor, and also to afford physicians facilities for advanced instruction in the special departments of medicine.

Statistics Relating to Consumption.

Dr. Playter, of Toronto, has sent a circular letter to a very large number of physicians, asking information on certain points in the histories of the cases of consumption under their care. He received replies from 250 gentlemen, from which he deduces the following statistics: The average age of the patients was 27 years; 46 per cent. were males, and 54 per cent. females; only 28 per cent. were married. The circumference of the chest was in every case much below the average of vigorous persons of the same height, being only 31½ inches; the average height being 5 feet 5½ inches. Persons of such stature should have a chest circumference of about 37 inches. About 55 per cent. had light blue eyes and light hair, and the nervous temperament largely prevailed. Two-thirds of the patients had been engaged in indoor, sedentary occupation, and spent but little time in the open air. Much the greater part of them had slept in small unventilated bed-rooms, two in a bed, had not usually worn flannel next the skin, nor used habitually any form of bath, and nearly all had been small or very moderate eaters, and used but very little fatty food except butter. The general habits of nearly all had been good, and but very few had used alcoholic spirits to excess. In only 36 per cent. of the cases had ancestors died of the disease, while nearly three-fourths had resided in a locality favoring a humid, cool atmosphere.

Dr. Playter draws some important deductions: Marriage in certain conditions and certain stages of the disease is probably unfavorable to the development and progress of consumption. Heredity is not of such constancy and importance as a cause as appears to have been commonly believed, further than in so far as configuration and structure of the body, the relation and the relative size and vigor of the different organs to each other, are influenced by parentage—*i. e.*, in a want of general stamina from defective construction. With the small lungs and consequent imperfect respiratory capacity, the individuals could not consume enough oxygen to utilize the digested products of a generous or full diet, especially that containing much carbonaceous matter; while there would be in all probability accumulations in the body of unused and waste substances which should have been thrown off through the lungs. The one means which will best tend to prevent the development of the disease in those thus predisposed to it is apparent enough; it is that of increasing in early life by judicious physical exercise the size and capacity of the respiratory organs. The doctor draws attention to the desirability of taking into consideration the respiratory capacity of patients suffering from tubercular phthisis before prescribing a full or too carbonaceous diet.

The Philadelphia County Medical Society.

The Philadelphia County Medical Society's officers for the new year are: President, William M. Welch; Vice Presidents, William R. D. Blackwood and Addinell Hewson; Recording and Reporting Secretary, Henry Leffman; Corresponding Secretary, H. A. Wilson; Assistant Secretary, James S. Neff; Treasurer, L. K. Baldwin; Librarian, C. M. Seltzer.

Hunt—Esmarch—Garfield.

On Monday evening, January 8th, before a well-attended meeting of the Academy of Surgery, in the Hall of the College of Physicians, Dr. William Hunt delivered an address in which he severely reviewed the criticism of the management of the case of the late President Garfield, so unadvisedly made by Professor Esmarch. With a great deal of humor, he showed how little the distinguished professor knew what he was criticising, and challenged him to substantiate a case of recovery, after a perforating gunshot wound of the body of a vertebra. He paid a high tribute to Professor Agnew, and satisfied his hearers that from a rational and unprejudiced stand-point, our late President had been treated with the greatest judgment and care.

Koch's bacillus views were reviewed and Formad's opinion of them endorsed.

In the library a large number of microscopes were placed, under which were specimens of Koch's Bacilli, Bacteria of putrefaction, minute fat crystals (which Schmidt of New Orleans claims are the Bacilli of tuberculosis), miliary tubercles, and molecular motion of particles of carbon suspened in water, the so-called Brownian movement. Dr. E. O. Shakespeare exhibited a section of Guiteau's brain, in which the ganglionic cells and neuroglia were well shown. Most of the preparations came from the pathological laboratory of the University of Pennsylvania, and had been mounted by Dr. Formad. A beautiful section of the larynx of a child, showing tubercles, was exhibited by Dr. Carl Seiler.

OBITUARY NOTICES.

DR. A. SHELLER.

Dr. Adam Sheller died at his residence in Mt. Joy, on the 29th ult., after suffering from rheumatism for upward of two years. He was born at the Big Chiques, 1808.

He commenced the practice of medicine in Hummelstown, Pa., from whence he removed to Mt. Joy in 1833. He took a very active part in the Lancaster City and County Medical Society, and labored hard for its advancement, always adhering strictly to the code of ethics.

He was honored and beloved by all who knew him, and his loss is deeply felt by the entire community. He leaves a widow and three children to mourn his loss.

DR. DICKSON.

The death is announced of Dr. Dickson, President of the College of Physicians and Surgeons of Kingston, Ontario. Dr. Dickson began his professional studies at Belfast and Glasgow. He was the first President of the Medical Council of Ontario.

SIR THOMAS WATSON.

This distinguished English physician passed away recently at a very advanced age. From the various notices of his death, we gather that he was not only a celebrated and learned member of the medical profession, but was a *most perfect man.* Half a century ago he wrote his famous "*Lectures on the Principles and Practice of Physic,*" which are still looked upon with admiration. He has been

universally accorded the position of leader of the English profession.

PROFESSOR VON BISCHOFF.

The celebrated anatomist, Dr. Theodore Von Bischoff, died in Munich, December 5th, at the age of seventy-six. He has been chiefly famous for his researches on the development of Mammalia. He was the author of several valuable volumes.

HENRY K. SILLIMAN, M. D.

Dr. Henry K. Silliman, who was appointed assistant surgeon of the United States army in 1861. and served in that capacity during the war, died in this city on Monday, January 1st, 1883. He was retired from his office in May, 1867, for disability, resulting from long and faithful service.

Personals.

—The weight of Gambetta's brain was found to be 1100 grammes (38 ¾ ounces).

—Mrs. Elizabeth Covington, aged 112 years, died last week at Rockingham, N. C.

—The composer Verdi is to found an hospital at Busseto for the poor of his native State.

—Dr. B. S. Thompson, of Salisbury, Conn., committed suicide at a Cincinnati (O.) hotel by swallowing morphine. Domestic trouble is assigned as the cause.

—Pasteur, the French scientist, is a man of low stature and powerful frame—spare, angular and weatherbeaten. He is a man of few words, abrupt but clear in speech, and of quick, impetuous gestures. Although his fame rests upon minute material research, he is a steadfast believer in spiritualism, and takes no interest in evolution theories or positivist doctrines.

—John G. Whittier, on his 75th birthday, paid a graceful compliment to the poet-physician, Dr. Oliver Wendell Holmes. He said: "There is no man who ought to write much after he is 70, unless, perhaps, it may be Dr. Holmes. He ought to write from now until he is 100. He is charming in everything he writes, and there is such a wonderful variety in his work that it seems a pity he should ever stop."

Items.

—Oscar Wilde is going home to write a book. It will be entitled "American Donkeys with English Ears."

—Hippocrates asserted that "accurate observation of facts, and correct generalizations from them, form the only rational basis of medicine:" and so we are taught to-day.

—During the quarter ended June last, among the deaths registered in Ireland, there were nine reported as those of centenarians. Of this number three were alleged to be 100; one 101; one 103; two 104; one 105; and one 106 years, respectively.

—Another "cure by prayer" is reported from Troy, N. Y. The patient was a young lady, and the disease aphasia and paralysis—clearly a hysterical case.

—Over 140,000 plants are known to botanists, and yet out of the lot the chemists can't make a mixture that will undo in ten minutes the work a hornet has done in two seconds. Does man amount to much?—*Boston Post.*

—The evening primrose and the mistletoe share alike with horsemint and bear's foot the honor of having been recently transferred to the dispensatory as cures for something or adjuvants for something. Even iron-wood has not been able to withstand the knife of the herbalist, while the wild bergamot, sundew and helianthelia have bowed to the fate which places them among the already appalling list of new remedies.

—Chloroform was used by burglars in Wyoming, Del., last week, and a whole family stupefied.

—The Episcopal Hospital, of this city, reports the admission of 1,239 patients during the year 1882.

—Advices from Capetown state that during the past two months 9,000 people at that port have been affected with small-pox, of which number 2,400 died. The further statement is made that all efforts to suppress the ravages of the disease have proved unavailing, which fact is largely due to the objection of the negroes to vaccination.

—A new clinic hall to the Woman's Hospital in this city has been opened.

—The public charitable hospitals of the city of New York contain a total of 5,108 beds, the largest being the Emigrant Hospital with 1,200 beds, the Charity Hospital coming next with 990 beds. The various private hospitals have a capacity of 2,302, and the lunatic hospitals of about 3,000.

—An "emplastrum impermeabile russicum" is being introduced upon the Continent, which is said to be likely to throw English plaster into the shade.

—At a medical examination, a young aspirant for a physician's diploma was asked, "When does mortification ensue?" "When you propose and are rejected," was the reply.

QUERIES AND REPLIES.

A correspondent desires a *safe* and *efficient* remedy for the removal of hairs from the face, and would like to know if any of our readers have ever tried sulphohydrate of sulphuret of calcium for this purpose.

Dr. B., St. Louis. Dr. H. Clay Whiteford, of Darlington, Md., recommends an infusion of mustard, one teaspoonful to four ounces of boiling water, as a remedy for hiccough. He also suggests a tourniquet over the epigastrium.

MARRIAGES.

GIBBS—MURRAY.—At Howard City, Mich., Jan. 1, 1883, at the residence of the bride's parents, Robert Morris Gibbs, M. D., F. A. A. S., of Howard City, Mich., and Miss Mae Murray, of Howard City.

Dr. Gibbs in his first two courses attended the Michigan University at Ann Arbor, Mich. He graduated at Rush Medical College in 1879, after a two years' course at that institution, and in connection with Cook county hospital.

ALVIS—BRIGHT.—Married at the residence of the bride's father, Col. Geo. G. Perkins, in Alma, Ark., December 20, 1882, by Rev. F. A. Jeffett, of Fort Smith, R. H. Alvis, M. D., to Mrs. Belle Bright, late of Jackson, Tenn.